Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15**, **2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Prescribed by OMB Circular A-102

Version 7/03 **APPLICATION FOR** Applicant Identifier Casas del Valle 2. DATE SUBMITTED FEDERAL ASSISTANCE May 4, 2004 State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Pre-application Application Federal Identifier 4. DATE RECEIVED BY FEDERAL AGENCY Construction ☑ Construction Non-Construction
5. APPLICANT INFORMATION Non-Construction Organizational Unit: Legal Name: Department: Housing Authority of the County of Kern Organizational DUNS: 0779790128 Division: Name and telephone number of person to be contacted on matters Address: involving this application (give area code) Street: 601 24th Street Prefix: First Name: Mark Middle Name City: Bakersfield Last Name Smith County: Kern Suffix: State: Zip Code 93301 Email: Country: USA msmith@kernha.org Fax Number (give area code) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) (661) 631-9500 (661) 631-8500 95-6001629 7. TYPE OF APPLICANT: (See back of form for Application Types) 8. TYPE OF APPLICATION: Revision Continuation ✓ New If Revision, enter appropriate letter(s) in box(es) Other (specify) (See back of form for description of letters.) N: Public Housing Agency 9. NAME OF FEDERAL AGENCY: Other (specify) United States Department of Agriculture 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Casas del Valle, Application for Funding 1 0-4 0 5 TITLE (Name of Program): Farm Labor Housing Loan and Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Delano, Kern County, California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT a. Applicant b. Project Ending Date: Start Date: 20th and 22nd 12/2005 12/2004 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE a. Federal USDA AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 2,000,000 PROCESS FOR REVIEW ON b. Applicant 388,740 c. State 2004 15 PROGRAM IS NOT COVERED BY E. O. 12372 d. Local b. No. OR PROGRAM HAS NOT BEEN SELECTED BY STATE STATE CLEARING HOUSE e. Other Tax Credits 2,974,982 FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income g. TOTAL ☑ No Yes If "Yes" attach an explanation. 5,363,722 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED a. Authorized Representative Middle Name Prefix Mr. First Name William Suffix Last Name Carter Telephone Number (give area code) (661) 631-8500 Executive Director e. Date Signed d. Signature of Authorized Representative Standard Form 424 (Rev.9-2003) Previous Edition Usable

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CUC Y

APPLICATION FOR				Applicant Identil	Version 7/03
FEDERAL ASSISTANC	E	2. DATE SUBMITTED July 14, 2004		1	#04-550
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicatio	n Idenutier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	er
Construction	Construction			_	11
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction				
Legal Name:	N		Organizational Unit		
City of Sacramen	lo		Departr	nent of Utilities	
Organizational DUNS:			Division: Engine	ering Services	
14450B36B Address:			Name and telephon involving this appli	e number of per	son to be contacted on matters
Street:			Prefix:	First Name:	,
1395 35th Ave.			Mr. Middle Name	, Al	chard
City: Sacramento			Scott		
County:			Last Name Batha	1	
Sacramento State:	Zip Code		Suffix:		
California	95822		Email:	4	
Country: United States	(71)		Phone Number (give	ofsacramento.org	Fax Number (give area code)
6. EMPLOYER IDENTIFICAT			(916) 808-1448		(916) 80 8-1 497
94-600041	0				of form for Application Types)
8. TYPE OF APPLICATION:	Jew 🖸 Continuatio	on Revision	"C" Municipal		
☐ N If Revision, enter appropriate	letter(s) in box(es)	ert limit time transcri	Other (spedfy)	·- ·	
(See back of form for descript	ion of letters.)				·
Other (specify)			9. NAME OF FEDE Environmental	Protection Agenc	y, (Loretta Vanegas)
10. CATALOG OF FEDERA	I DOMESTIC ASSISTAN	ICE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
TO, CATALOG OF FEELING		66-606	Improvement and r	ehabilitation of Ci	ty's Combined Sewer System to
TITLE (Name of Program):			This is an application	an for amendmen	quality, and protect public health. t #2 to Increase federal funding for
I Sunieve Studies Investig	ations, & Special Purpose	Grants	O-max ID# 0006040	11.1 hv \$867 300.	00. Existing grant amendment #1 total will be \$10,448,363.
12. AREAS AFFECTED BY		95, 318(84, 810.).	total budget is \$8,8	109,454. Reviseu	DIGI WILL DO \$150 THE COLUMN
City of Sacramento, Calif 13. PROPOSED PROJECT	omia		14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant 5th		b. Project 5th
September 6, 2004 15. ESTIMATED FUNDING:	October 15, 200)5	16. IS APPLICATION	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
		10	ORDER 12372 PRO		N/APPLICATION WAS MADE
a. Federal	\$	867,300	a. Tes. EL AVAIL	ABLE TO THE ST	ATE EXECUTIVE ORDER 123/2
b. Applicant	\$	709,609	PROC	ESS FOR REVIE	VV OIN
c, State	\$,00	DATE:	July, 14, 2004	
d, Local	\$		b. No. III PROG	RAM IS NOT CO	VERED BY E. O. 12372
		Щ	OR PE	ROGRAM HAS NO	OT BEEN SELECTED BY STATE
e. Other	>		l Later	EN /ICNA/	NT ON ANY FEDERAL DEBT?
f. Program Income	\$	·	17. IS THE APPLI	CANT DELINES	
g. TOTAL	\$	1,576,909	Yes if "Yes" att	ach an explanatio	n. 🔟 No
18 TO THE BEST OF MY I	NOWLEDGE AND BELL		PPLICATION/PREAP	PLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
DOCUMENT HAS REEN DI	ILY AD IHORIZED DI IF	IE GOAEKAING DOD! O	F THE APPLICANT A	ND THE APPLIC	ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	B IF THE ASSISTANCE IS	AVARDED	NA)	ldle Name	
Prefix Mr.	First Name Robert	_		Р.	
Last Name			Suf		
Thomas b. Title		DE B	E U W Ec.	elephone Numbe (916) 808-5	r (give area code)
City Manager		B	<u> 15 11 17 14 e, 1</u>	Date Signed	/
Jung.		=		14 119	Standard Form 424 (Rev.9-200
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		DIAILUL	EARING HOUS	j E	TOTAL P.02

APPLICATION FOR FEDERAL ASSISTANCE	CE C	2. DATE SUBMITTED		Applicant Ider	Version 7/03
1. TYPE OF SUBMISSION:		7/15/04 3. DATÉ RECEIVED BY	STATE	State Applical	
Application	Pre-application				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	L.,			
Legal Name:			Organizational Unit:		
Community Vision Economic	Develoopment		Department:		
Organizational DUNS: 145695768			Division:		
Address:					reon to be contacted on matters
Street:			involving this application	ation (give are First Name:	a code)
642 Vista Village Drive		et va	Mr. Middle Name	Jerrol	
City: Vista County:	~~^^	44.	Anthony		· · · · · · · · · · · · · · · · · · ·
San Diego			Last Name Pope		
State: Calliornia	Zip Code 92084		Suffix:		
Country:			Email: errolpope@hotmail.ca	om	
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN);		Phone Number (give as		Fax Number (give area code)
73-167926	1		760-579-1214		760-945-1114
8. TYPE OF APPLICATION:	7.5		7. TYPE OF APPLICA	NT: (See bac	k of form for Application Types)
If Revision, enter appropriate is	ew 🗓 Continuation	n Revision	O-Non Profit		
(See back of form for description	on of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF FEDERA ACF-HHS	L AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT:
		B 3-5 7 0	Housing Rehabilitation	Construction	Employment
TITLE (Name of Program): Community Service Block Gra	int, CED Grant Program 1.	, Area: Planning Projects			
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties	s, States, etc.):			
Vista, San Diego County, Cali	fornia				
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS	OF: b. Project
10/1/04	9/30/05		49		49
15. ESTIMATED FUNDING:			15. IS APPLICATION ORDER 12372 PROCE		REVIEW BY STATE EXECUTIVE
a. Federal	5	48.111			I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	\$	73.712		FOR REVIEW	
c. State	\$, cur	DATE: 7/	15/04	
d. Local	\$		b. No. THE PROGRAM	M IS NOT COV	ERED BY E. O. 12372
e. Other	S	122	4	RAM HAS NO	T BEEN SELECTED BY STATE
f. Program income	<u> </u>	25.000 ′	FOR REV	EW	NT ON ANY FEDERAL DEBT?
	5	, , , , , , , , , , , , , , , , , , , ,	-		
		146,823	Yes if "Yes" attach		
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL	OWLEDGE AND BELIEF, Y AUTHORIZED BY THE	, ALL DATA IN THIS APP GOVERNING BODY OF 1	'LICATION/PREAPPLIC THE APPLICANT AND '	ATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	WARDED.			
Prefix Mr.	First Name Jerrol		Middle I Anthor		
Last Name Pope	1		Suffix	ıy	
o. Title		7	c. Telep	hone Number	(alve area code)
Executive Director 1. Signature of Authorized Rep	pagettative (0//	760-579 e. Date	9-1214	(3.10 = 1.01
	ASUS	1-600	P-4 TV7 F1 F	2/01/60	
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		JUL	15 2004		
		ITI OOL	15 2004		
			1 3 2004		
		Office Vision	15 2004 D		

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE July 13, 2004 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Community Housing Improvement Program, Inc. N/A Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) 1001 Willow Street Chico, CA 95928 Imelda Michel (530) 891-6931 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) Ν - 2 2 2 3 3 9 8 A. State H. Independent School Dist. 8. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Revision Continuation **№** New D. Township K. indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal N. Other (Specify) Non-Profit Corp. B. Decrease Award C. Increase Duration G. Special District A Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA - Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 4 2 0 New application for funding of Rural Self-Help Housing Technical Assistance for the building of an estimated 100 TITLE: Rural Self-Help Housing Technical Assistance equivalent units in the two year period 2004-2006. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte County, Glenn County, Tehama County, Shasta County, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: **Ending Date** a. Applicant b. Project Start Date 2nd CD California 2nd CD California 12/16/04 12/15/06 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. Federal \$ 2,300,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ 07/15/04 DATE \$ d. Local b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ 1 0 e. Other FOR REVIEW \$ f. Program Income STATE CLEARING HOUSE 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ Yes If "Yes," attach an explanation. 2,300,000

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative		
David Ferrier	10	

d. Signature of Authorized Representative

c. Telephone Number b Title (530) 891-6931 **Executive Director**

e. Date Signed

7/13/2004

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102







STATE GLEARING HOUSE

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:

5566

Recipient Name:

LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY

Project ID:

CA-03-0694

Budget Number:

1 - Budget Pending Approval

Project Information:

Subgrantee transit vehicles

Part 1: Recipient Information

Project Number:

CA-03-0694

Recipient ID:

5566

Recipient Name:

LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY

Address:

Planning Grant?:

NO

ONE GATEWAY PLAZA, LOS ANGELES, CA 90012 2932

Telephone:

(213) 922-2459

Facsimile:

(213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project	\$580,000
Project Number:	CA-03-0694	Cost:	
Project Description:	Subgrantee transit vehicles	Adjustment Amt:	\$0
Recipient Type:	Transit Authority	Total Eligible Cost:	\$580,000
FTA Project Mgr:	Ray Tellis - 213.202.3956	Total FTA Amt:	\$396,012
Recipient Contact:	Steve Henley - 213.922.3093	Total State Amt:	\$0
New/Amendment:	None Specified	Total Local Amt:	\$183,988
Amend Reason:	Initial Application	Other Federal Amt:	\$0
	Million Guerra (S.) Tempus (em. 1921), provide egy (1. 1884), 1981, un em. 11. 1982, emilyes centralijes - maskanggs	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	 Joseph Lander, and the second control of the second c	
Sec. of Statute:	5309	Special Condition:	None Specified
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified
Start/End Date:	Jul. 01, 2003 - Dec. 31, 2004	S.C. Eff. Date:	None Specified
Recvd. By State:	и в стория по вы в от тення и ставидент одне отведите и дет тен констинуци и по со совержения во ставу и от По В постинувания в ставить в ставите в ст		e farmente angli a compression ya Program a la compression di Santa Compression agricologia di Albanda and Albanda
EO 12372 Rev:	YES	Est. Oblig Date:	30-Sep-2004
Review Date:	Jul. 13, 2004	Pre-Award Authority?:	Yes

Fed. Debt

View Print Page 2 of 4

Program Date	duli-representation of the second of the sec	Authority?:	No	
(STIP/UPWP/FTA Þrm Plan) :	Oct. 04, 2002	Final Budget?:	No act should be a control of the co	en e
Program Page:	47	And the first of the final price for the first than the majority of the first than the first tha		
Application Type:	Electronic section and the control control of the	ent operations we remain the resident plants of the commission of		
Supp. Agreement?:	No			
Debt. Delinq. Details:	$rac{1}{2}$, where a is a contractive to the contractive to a in a is a contractive to a in a	r hydriffoldiaeur gyndd y siarb yr i y yrgol achard gyll Barrydd achard y siarb yr i y y y y y y y y y y y y y y y y y		

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official	
6		Adam B Schiff	

Project Details

The Los Angeles County Metropolitan Transportation Authority (MTA) hereby submits grant application number CA-03-0694 for requesting federal assistance in the amount of \$396,012 in Section 5309 Bus Capital funds on behalf of the City of Pasadena. The funds being requested consist of a Fiscal Year 2002 Congressional Earmark for the purchase of two alternative fuel expansion vehicles, with MTA serving as the pass-through grantee for said funds.

The funds are programmed in the currently approved FTIP.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Proposition A & C Local Return funds are being used to match the federal funds. These funds are in the approved budget of the City.

The required FY2004 FTA Certifications and Assurances have been filed eletronically in TEAM.

A thorough review has been made of the Department of Labor's application checklist. All applicable information required by said checklist is present within this application.

SUBRECIPIENT INFORMATION

CITY OF PASADENA 100 N. GARFIELD AVENUE PASADENA, CA 91109 (626) 744-3725 FAX (626) 744-4757

Project Manager Catherine Cole

The City of Pasadena is geographically located approximately ten (10) miles northeast of downtown Los Angeles within the San Gabriel Valley, Los Angeles County, State of California. The city is bordered to the by an unincoporated area of Los Angeles County commonly known as Altadena, to the east by the cities of Sierra Madre and Arcadia, to the south by the cities of San Marino and South Pasadena, and to the west by the cities of Los Angeles, Glendale and La Canada-Flintridge.

Pasadena operates a fixed-route, local circulator system known as the Pasadena Area Rapid Transit (ARTS) generally within its own jurisdiction. ARTS is a transit service designed to provide convenient public transportation between many of the city's

https://ftateamweb.fta.dot.gov/teamweb/Applications/ViewPrint/ViewPrintRes.asp?GUID=PRODUCTIO... 07/13/2004

View Print Page 3 of 4

residential neighborhoods and retail, busines, and entertainment centers.

The City currently operates five routes, with the vehicles being purchased under this application being used, in conjunction with others, to initiate two new expansion routes, bringing the system total to seven (7) routes. ARTS generally operates between the hours of 7:00 a.m. to 8:00 p.m. Monday through Friday, from 11:00 a.m. to 8:00 p.m. on Saturday, and from 11:00 a.m. to 5:00 p.m. on Sunday. Current fares are \$0.50 for adults, \$0.25 for youths (K-12), and \$0.25 for Seniors (60 and over) and Disabled.

The two expansion vehicles to be acquired under this grant will be used to expand the system to provide connections to the Metro Light Rail Gold Line stations on two new routes. One route (Route 50) will provide service all day, the other (Route 60) will provide service during peak hours only. Copies of both routes and their time tables may be found as an attachment to this application.

SUBRECIPIENT TRANSIT PROVIDER INFORMATION

COACH USA 12276 FOOTHILL BOULEVARD SYLMAR, CA 91342 (818) 838-0648 FAX (818) 838-3043

Project Manager Gus Becerra

Part 3: Budget

Project Budget

CB voter Provide	<u>Quantity</u>	FTA Amount	Tot. Elig. Cost
SCOPE	ELDE STORE CONTROL OF CONTROL OF CORRESPONDED AND THE CONTROL OF C		
111-00 BUS - ROLLING STOCK	2	\$396,012	\$580,000
ACTIVITY			
11.13.04 LA0D99 PASADENA BUY <30-FT BUS FOR EXPANSION		\$396,012	\$580,000
	Estimated To	tal Eligible Cost:	\$580,000 *********************************
	gamelanga adap dinanjer njanaselje) (og ovangon revi kat nër yang, edorekat bërkë të desemble (744 bilanda 174 Salanda kursus e kat njanas kat n	Federal Share:	\$396,012
	ବିଶାନକ ବର୍ଷ ଓ ବର୍ଷ ହେଉଛି । ଏହି ପ୍ରତିକ୍ର ବିଶାନକ ବିଶେଷ ଓ ଅଧିକର୍ଷ ଅଧିକର ଅଧିକର ଅଧିକର ଅଧିକର ଅଧିକର ଅଧିକର ଅଧିକର ଅଧିକର ଅଧିକର ଅଧିକର ଅଧି	Local Share:	\$183,988

Extended Budget Descriptions

11.13.04	LA0D99 PASADENA BUY <30-FT BUS FOR EXPANSION	2	\$396,012	\$580,000
Control of the contro		sind experimental conduction and the contraction of	ti protein primetri Kostania nen konpensiona terra terra terra pilipitan terra.	skianiki ezazininini (ezapeki ji jezizazini ji jezizazini kinin kinin kinin kinin jezizazini kinin jezizazini

The \$396,012 in Section 5309 funds contained within this grant application will be used to acquire two (2) expansion, 28-foot, 22-passenger, handicapped accessible, hybrid electric transit vehicles. The vehicles will be medium-sized, medium-duty transit vehicles with a service life of 7 years or 200,000 miles.

The project will occur within Congressional District 29; District Official, Adam B. Schiff.

Part 4. Milestones

11.13.04 LA0D99 PASADENA BUY <30-FT BUS FOR 2 \$396,012 EXPANSION

\$396.012 \$580.000

View Print Page 4 of 4

1 I	Milestone Description	_st. Comp. Date
1.	RFP/IFB OUT FOR BID	Jul. 01, 2003
2.	CONTRACT AWARDED	Sep. 30, 2003
3.	FIRST VEHICLE DELIVERED	Mar. 01, 2004
4.	ALL VEHICLES DELIVERED	Mar. 01, 2004
5.	CONTRACT COMPLETE	Dec. 31, 2004

Part 5. Environmental Findings

111304 LA0D99 PASADENA BUY <30-FT **BUS FOR EXPANSION**

2 \$396,012

\$580,000

Finding No. 1 - Class II(c)

C17 - Purchase of vehicles

The purchase of vehicles by the applicant where the use of these vehicles can be accommodated by existing facilities or by new facilities which themselves are within a CE.

MAY 1 4 2004

Approved 6/24/04

Approved 10.0348-0043

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	Y STATE	State Application Identifier	
Construction Non-Construction 5. APPLICANT INFORMATION	Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
	Dural Fire	Drotostion	Organizational Unit:		
Legal NameOrange Cov	e kurai rire	Protection	Fire Depar	rtmont	
District of Fre	sno & Tulare	Countres	Name and telephone	number of person to be conta	acted on matters involving
Address (give city, county, State,			this application (give a	rea code)	
550 Center	rsStreet		tills application (give a	^{rea code)} Chief Rob	pert Werrynn
Orange Cov	ve, California	a 93646		(559) 626	5-7758
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter	in box)
3944 - 6 0 3			A. State	H. Independent School Dist	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution	n of Higher Learning (
	Continuation	Revision	C. Municipal	J. Private University	
X New	Continuation		D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
, , , , , , , , , , , , , , , , , , , ,	.,	١, ا	F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s					
D. Deorease Baration - Garatie	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9. NAME OF FEDERA	AL AGENCY:	
			United Sta	ates Departmen	nt
			of Agricul		
10. CATALOG OF FEDERAL DO	DMERTIC ASSISTANCE NI	IMRED.	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PRO	JECT:
10. CATALOG OF FEDERAL DO	. г		Water Te	ender/Tanker H	ire Truck
		1 0 - 7 6 6	for Urb	an / Rural fir	reprotection
			TOT OTD	III \ KATAT III	e proceedion
TITLE:	NEOT (Cities Counties Sto	too oto l:	-	i .	
12. AREAS AFFECTED BY PRO Entire Cityof(Orangë Cove,	portions			
of rural Fresno	& Tulare Cou	unties			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF: David	d Nunez 21st	t., Cal Dooley	y 20th.,
Fire Truck	George Radan	ovich 19th.			
Start Date Ending Date	a. Applicant		b. Project		
	,				
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY	STATE EXECUTIVE
a. Federal	\$.00			
u. 1 505141	111000	•	a. YES. THIS PREA	PPLICATION/APPLICATION	WAS MADE
b. Applicant	\$.00	AVAILABLE	TO THE STATE EXECUTIV	/E ORDER 12372
B. Applicant	74000		PROCESS	FOR REVIEW ON:	
c. State	\$	00	1	•	
c. State	Market Market Control of the Control	MED	DATE		
d. Local	s HECK	1	b. No. 🗶 PROGRA	M IS NOT COVERED BY E.	0. 12372
e. Other	\$ JUL	1 5 2004°	·□ OR PROG FOR REV	GRAM HAS NOT BEEN SELL IEW	ECTED BY STATE
f. Program Income	\$.00 \		NT DELINQUENT ON ANY F	EDEDAL DERT2
	1 CONTROLL	ARING HOUSE	-i ·		
g. TOTAL	\$ 185000		Yes If "Yes," a	attach an explanation.	X No
18. TO THE BEST OF MY KNOV	VI EDGE AND BELIEF. ALL	DATA IN THIS APPLIC	ATION/PREAPPLICAT	ION ARE TRUE AND CORF	RECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH	E APPLICANT AND TH	IE APPLICANT WILL COMF	PLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	RDED.			
a. Type Name of Authorized Repo		b. Title		c. Telephone Number	
Robert W. Te	rrv	Fire ((559) 626-77	58
d. Signature of Authorized Repre-				e. Date Signed	
WILL AN - Th				May 11th, 200	04

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APPLICATION FOR

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

USDA RD DAVIS CA

RCH #304 Approved 6/24/04

OMB Approval No. 0348-0043

APPLICATION FOR				pproval No. 0348-0043
FEDERAL ASSISTANCE	2. DATE SUBN		Applicant Identifier	
	May 6,			·
1 E OF SUBMISSION:		IVED BY STATE	State Application Identifier	
Application Preapplication Construction Constru	uction 4. DATE RECE	IVED BY FEDERAL AGE	NCY Federal Identifier	
Non-Construction Non-Co	instruction.			
Legal Name:	<u></u>	Organizational U	Jnit:	
Housing Authority of the	County of Fresno		and the second s	
Address (give city, county, State, and zip code		· ·	hone number of person to be contact	ed on matters involving
1331 Fulton Mall, P.O. Bo	x 11985	this application (
Fresno, CA 93776		Edward L.	Stacy 559-443-8475	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. TYPE OF API	PLICANT: (enter appropriate letter in	
77 - 030 12 4 2	7			N
	1 ,	A. State	H. Independent School Dist. 1. State Controlled Institution of	of Higher Learning
8. TYPE OF APPLICATION:		B. County C. Municipal	J. Private University	Thigher dealthing
X New ☐ Co	ntinuation Revisi	D. Township	K. Indian Tribe	
 If Revision, enter appropriate letter(s) in box(e	e)	E. Interstate	L. Individual	
If Kevision, enter appropriate letter(s) or box(e		F. Intermunicip	nal M. Profit Organization	
A. Increase Award B. Decrease Award	C. Increase Duration	G. Special Dis	- 1 T 11	<u>ousing A</u> uthorfity
D. Decrease Duration Other(specify):		'		
., .,			DERAL AGENCY:	
		United St	tates Department of Ag	riculture
10. CATALOG OF FEDERAL DOMESTIC AS	SISTANCE NUMBER:	11. DESCRIPTIV	VE TITLE OF APPLICANT'S PROJE	CT:
•	10-4	015 Rehabili	tation and upgrade of	existing
		migrant	housing units to accor	nmodate
TITLE:			ind occupancy by farm	labor
12. AREAS AFFECTED BY PROJECT (Cities	, Counties, States, etc.):	families	; .	
County	•			
13. PROPOSED PROJECT 14. CONGR	ESSIONAL DISTRICTS OF:			
	Dist. 20, CA Dist.	16		
Start Date Ending Date a. Applicant		b. Project		
10/04 11/05 Housing	Auth. of Co. of F	<u>cesno Maldonado</u>	Plaza, Firehaugh, CA TION SUBJECT TO REVIEW BY ST	ATE EVECUTIVE
15. ESTIMATED FUNDING:		16. IS APPLICA	HON SUBJECT TO REVIEW BY 31	AILLACOUTTE
\$3,000,000	GD CD	ORDER 123	72 PROCESS?	,
a. Federal \$ 1,000		a YES. THIS	PREAPPLICATION/APPLICATION V	VAS MADE
	<u> </u>	AVAIL	ABLE TO THE STATE EXECUTIVE	ORDER 12372
b. Applicant \$	· •	PROC	CESS FOR REVIEW ON:	
c. State \$	CO. Co		•	
JSerna Fwkr Hsng Gr 2,000	.000	DATE		
d. Local \$		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OGRAM IS NOT COVERED BY E. O	12372
	1 15 20,100+	D. NO. LI PRO	PROGRAM HAS NOT BEEN SELEC	TED BY STATE
e. Other \$	11 11 11 11 11 11 11 11 11 11 11 11 11	505	REVIEW	
	00	TIGE		
f. Program Income . \$	I SUEARING HO	17. IS THE APP	LICANT DELINQUENT ON ANY FET	DERAL DEBT?
g. TOTAL \$	STATE CI EARING "PHO	□ You If "Y	'es," attach an explanation.	Nο
3, 10,1,2	[11 11]			
18 TO THE BEST OF MY KNOWLEDGE AN	D BELIEF, ALL DATA IN THIS	APPLICATION/PREAPPL	LICATION ARE TRUE AND CORRE	V WITH THE
I MENT HAS BEEN DULY AUTHORIZE	D BY THE GOVERNING BOD	Y OF THE APPLICANT A	NU THE APPLICANT WILL COMPL	,
ATTACHED ASSURANCES IF THE ASSIST			c. Telephone Number	
a. Type Name of Authorized Representative	b. Title	Director	559-443-8475	
Edward L. Stacy	<u> </u>	e Director	e. Date Signed	·
d. Signature Aluthorized Representative	lea		5.4.09	(Pay 7-97)

							Version 7/03
APPLICATION	FOR		2. DATE SUBMITTED)		cant	Identifier
		7					
FEDERAL ASSI			3. DATE RECEIVED E	VOTATE		State Ann	lication Identifier
1. TYPE OF SUBMISSION Application	N: Pre-appli	ication	3. DATE RECEIVED E		State Tipp	nearion recitimes	
Construction X Non-Construction	☐ Const	truction Construction	4. DATE RECEIVED I	BY FEDER	AL AGENCY	Federal Id	entifier
5. APPLICANT INFORM		0011011 00 11011					
Legal Name:					itional Unit:		
Southern California Region	nal Rail Author	rity		Departme Equipme			
Organizational DUNS: 836140475				Division			
Address:				d telephone number on (give area code)	of person to	be contacted on matters involving this	
Street: 700 South Flower, Suite 2600			Prefix: Ms			First Name: Joanna	
City: Los Angeles				Middle N Starr	lame:		
County:				Last Nan Capelle	ne:		
Los Angeles State:		Zip Code:		Suffix:			
California		90017		Email:		· · · · · · · · · · · · · · · · · · ·	
County: Los Angeles				capellej@	scrra.net		
6. EMPLOYER IDENTIFI	CATION NUI	MBER (EIN):		Phone No. (213) 452	umber (give area co 2-0209	de)	Fax Number (give area code) (213) 452-0421
95-4351663 8. TYPE OF APPLICATION				7. TYPE		(See back o	f form for Application Types)
X No If Revision, enter appropria	ate letter(s) in l	box(es)	Revision	N			
(See back of form for descri	ription of letter	rs.)		Other (specify) Joint Powers Authority			
		L		9. NAME OF FEDERAL AGENCY:			
Other (specify)				EPA			
10 CATALOG OF FEDER	AL DOMEST	TC ASSISTAN	ICE NUMBER:	11. DES	CRIPTIVE TITLE	OF APPLIC	CANT'S PROJECT:
66-034				Test Emissions Reductions Technologies on the Head End Power Units in three Metrolink diesel locomotives. SCRRA will retrofit Head End Power Units in			
TITLE (Name of Program) Demonstration Assistance	: Voluntary Di Agreements to	iesel Retrofit P Benefit Sensi	rogram Technology ive Populations	two Metrolink Locomotives with particulate matter and oxides of nitrogen filters with anticipated reduction in particulate matter emissions of 85% and			
12. AREAS AFFECTED I	BY PROJECT	(Cities, Count	ies, States, etc):	oxides of nitrogen emissions of 25% and retrofit the Head End Power Unit in one Locomotive with a Low Emission Tier II GenSet with anticipated reduction			
The Southern California Re	egion in Los A	ngeles, Orange	e, Riverside, San	one Loca	omotive with a Low	Emission I	nd oxides of nitrogen of 50%.
Bernardino, Ventura and N	forthern San D	iego Counties.					F: 22-34,38-40,42-44,47-49
13. PROPOSED PROJEC	T: Test Emis	ssions Redu	ctions	14. CON	GRESSIONAL DI	SIRICISO	1. 22-34,30-40,42-44,47-43
Technologies on the I	Head End Po	ower Units:	in Metrolink diesel				
locomotives				ļ			1. Designat
Start Date: 11/04		Ending Date: 10/05		a. Applic 22-34,38	-40.42-44.47-49		b. Project 22-34,38-40,42-44,47-49
15. ESTIMATED FUNDIN	NG:			16. IS AI	PPLICATION SUB 12372 PROCESS?	JECT TO R No	EVIEW BY STATE EXECUTIVE
\$150,000 a. Federal	\$150,000			a Yes	THIS PREAPP	LICATION	APPLICATION WAS MADE
	\$	Market Company	The state of the s	AVAILA	BLE TO THE STA	TE EXECU	JTIVE ORDER 12372 PROCESS FOR
	\$	4000	VLU	REVIEW	₩	1/04	
	\$20,800	A Brancas		l. No	DATE: //	Y/ T NOT COVE	ERED BY E. O. 12372
e. Other	\$	1111	1 4 2004	b. No	OR PROGRAM	M HAS NO	T BEEN SELECTED BY STATE FOR
		301	1 7 200	REVIEW			
2	\$		A AND PARTY	<u> </u>			
g. TOTAL	\$170,800	STATES	EARING HOUSE	C ADDI IC	ATION/PREAPPI	CATION A	RE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN ATTACHED ASSURANCE	DULY AUTH	IORIZED BY	THE GOVERNING BOD	Y OF THE	E APPLICANT AN	D THE APP	LICANT WILL COMPLY WITH THE
a. Authorized Representative					Middle Name		
	First Name				Rand		
Mr. Last Name	David				Suffix		
Solow							
b. Title	1/				c. Telephone Nun (213) 452-0273	nber (give a	rea code)
Chief Executive Officer	Dayronautiti				e Date Signed	· F	
d. Signature of Authorized Representative			e. Date Signed & /30/04				

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

FEDERAL ASSISTANC	E	2. DATE SUBMITTE	D	Applicant lo	Version lentifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applic	cation Identifier
☑ Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENC	Y Federal Ide	ntifier
Non-Construction	Non-Construction	I			
5. APPLICANT INFORMATION Legal Name:	v				
		•	Organizational U Department:	nit:	
Organizational DUNS:	Homes of the West				
_	07-169-1307		Division:		
Address: Street:			Name and teleph	one number of	person to be contacted on matt
6120 Stoneridge N	Mall Road 3rd Floor		involving this app	First Name:	rea code)
City:			Middle Name		Kevin
Pleasanton					
County: Alameda			Last Name	Cnudtson	
State: CA	Zip Code 94588		Suffix:	***************************************	
Country:	34300		Email:		
USA 6. EMPLOYER IDENTIFICATIO	N NIMPED (EINI)		kkur	dtson@commun	ityeconomics.org
			Phone Number (giv	•	Fax Number (give area code)
94-1225374 3. TYPE OF APPLICATION:			(510) 832-8300 x30		(510) 832-2227
Nev	v 🗓 Continuation	m	7. TYPE OF APPL	CANT: (See ba	ck of form for Application Types)
Revision, enter appropriate lett	er(s) in hox(es)	n Revision	O - Not for Profit		
See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDE	RAL AGENCY:	
A CATALOG OF FEDERAL F	OHEOTIC ACCIONAL	- Regional Control	U.S. Department of	Housing & Urba	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC		1		ICANT'S PROJECT:
TITLE (Name of Program):		14-157	Section 202 Suppo	rtive Housing for	the Elderly
,					
2. AREAS AFFECTED BY PRO					
	oe, CA, El Dorado Count	у			
3. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSIO	NAL DISTRICTS	
	Lifding Date.			4	b. Project 4
5. ESTIMATED FUNDING:	TINETY !		16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIV
. Federal (\$	ENED	3,486,100	a. Yes. THIS P		N/APPLICATION WAS MADE
. Applicant \$	1 1000	3,400,100	AVAILA		ATE EXECUTIVE ORDER 1237:
. State	1 4 2004	. 00	i i		
1 IT			DATE:	7/12/04	f .
. Local \$	TEARING HOUSE	3,405,000	b. No. D PROGR	AM IS NOT CO	/ERED BY E. O. 12372
. Other STATE	CLEARING HOUSE		OR PRO	OGRAM HAS NO	T BEEN SELECTED BY STATE
Program Income \$		00	FOR RE	VIEW	NT ON ANY FEDERAL DEBT?
TOTAL \$		00		ANT DELINGUE	NI ON ANT FEDERAL DEBT?
		6,901,100	Tyes If "Yes" attac		
TACHED ASSURANCES IF TI	OTHORIZED BY THE G	OVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AN	ICATION ARE 1 THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
Authorized Representative efix	First Name		A	o Namo	
	David			e Name B.	
ist Name Ferguson			Suffix		
Title President, ABHOW	A.		c. Tel	ephone Number	
Signature of Authorized Repres	entative // /	111	a Da	e Signed /	924-7113
•	H1311/1/1/1	370 Lover	p. Da	o olgilou y	1 - 1 //

Application for deral Education Assistance (ED 424)



U.S. Department of Education

Applicant Information	
1. Name and Address	Organizational Unit
Legal Name: NEIGHBORHOOD YOUTH ASSOCIATION	PERSONAL BEST MAR VISTA
Address: 3877 GRANDVIEW BOULEVARD	
LOS ANGELES	CA LOS ANGELES 90066 - 4414
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 7 2 6 4 9 1 9	6. Novice Applicant Yes No
3. Applicant's T-I-N 9 5 - 1 6 9 1 2 9 7	7. Is the applicant delinquent on any Federal debt?
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 b	(If "Yes," attach an explanation.)
Title: PERSONAL BEST MENTORING PROGRAM	
	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: VENDELLA BARNETT	A State G Public College or University
Address: 3877 GRANDVIEW BOULEVARD	B Local H Private, Non-Profit College or University
LOS ANGELES CA 90066 - 4414 City State ZIP Code + 4	C Special District Non-Profit Organization
•	D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify):
Tel. #: (310) 664-8893 Fax #: (310) 391-1948	F Independent School
E-Mail Address: _vbarnett@nyayouth.org	District
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time
—PreApplication —Application	during the proposed project period?
Construction	Yes (Go to 12a.) No (Go to item 13.)
Non-Construction Non-Construction	
Their constitution — Non constitution	12a. Are all the research activities proposed designated to be exempt
10. Is application subject to review by Executive Order 12372 process?	from the regulations?
Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review): 7/7/2004	No (Provide Assurance #):
	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	The state of the s
Program is not covered by E.O. 12372.	Personal Best Mentoring Program JUL 1 4 2004
Program has not been selected by State for review.	
Start Date: End Date:	STATE CLEARING HOUS
11. Proposed Project Dates: 10/1/2004 9/30/2007	Later Control of the
	zed Representative Information
14a. Federal \$ 162,412.00 15. To the best of correct. The	of my knowledge and belief, all data in this preapplication/application are true and e document has been duly authorized by the governing body of the applicant and
the applican	nt will comply with the attached assurances if the assistance is awarded.
b. Applicant \$.00 a. Authorized	Representative (Please type or print name clearly.)
c. State \$.00 VENDEI	LLA BARNETT
b. Title Exe	ecutive Director
d. Local \$.00	
e. Other \$.00 c. Tel.#:(310) 664-8893 Fax #: (310) 391-1948
d. E-Mail Ado	ress: vbarnett@nyayouth.org
f. Program Income \$.00	4 . 0 /
10en	of Authorized Representative Date: 7-7-04
g. TOTAL \$ 162,412 .00 (e. Signature	of Authorized Representative Date:

Application for Federal Education Assistance (ED 424) Applicant Information



U.S. Department of Education

Name and Address	Organizational Unit
Legal Name: NEIGHBORHOOD YOUTH ASSOCIATION	PERSONAL BEST MAR VISTA
Address: 3877 GRANDVIEW BOULEVARD	
LOS ANGELES City	CA LOS ANGELES 90066 - 4414 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 7 2 6 4 9 1 9	6. Novice Applicant Yes No
3. Applicant's T-I-N 9 5 - 1 6 9 1 2 9 7 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 b	7. Is the applicant delinquent on any Federal debt? Yes No (If "Yes," attach an explanation.)
Title: PERSONAL BEST MENTORING PROGRAM	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: VENDELLA BARNETT Address: 3877 GRANDVIEW BOULEVARD LOS ANGELES CA 90066 - 4414 City State ZIP Code + 4 Tel. #: (310) 664-8893 Fax #: (310) 391-1948	A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify): F Independent School District
E-Mail Address: vbarnett@nyayouth.org (Application Information)	
9. Type of Submission: —PreApplication —Application — Construction — Non-Construction Non-Construction	 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations?
 10. Is application subject to review by Executive Order 12372 process? ✓ Yes (Date made available to the Executive Order 12372 	Yes (Provide Exemption(s) #):
process for review): 7/7/2004	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project:
Program is not covered by E.O. 12372.	Personal Best Mentoring Program JUL 1 4 2004
Program has not been selected by State for review.	
Start Date: End Date: 10/1/2004 9/30/2007	STATE CLEARING HOUSE
Estimated Funding Authori	zed Representative Information
	of my knowledge and belief, all data in this preapplication/application are true and e document has been duly authorized by the governing body of the applicant and
h Applicant & OO L	nt will comply with the attached assurances if the assistance is awarded. Representative (Please type or print name clearly.)
	LLA BARNETT
d. Local \$.00 b. Title Exe	ecutive Director
e. Other \$.00 c. Tel.#:(.	310) 664-8893 Fax #:(310) 391-1948
f. Program Income \$.00	dress: vbarnett@nyayouth.org
g. TOTAL \$ 162,412.00 e. Signature	of Authorized Representative Date: 7-7-04

APPLICATION FEDERAL A	ON FOR SSISTANCE			1	SUBMITTED 3, 2004		Applicant Identifier 04-547	
I, TYPE OF SUBMISS	SION			3. DATE	RECEIVED BY STATE		State Application Identifier	
Application		Preapplication			***			
☐ Construction Non-Construction	п	Construction Non-Construction		4. DATE	RECEIVED BY FEDERAL AC	GENCY	Federal Identifier	
5. APPLICANT INFO	RMATION							
_egal Name: Glob	al Green USA			Organiza	atlonal Unit:			
Address (give city, of 2218 Main Stressanta Monica,	county, state, and zip eet, 2 nd CA 90405	code):		this appl Mr. Wa	nd telephone number of the lication (give area code) alker Wells 581-2700 x103	ne person to	be contacted on matters involving	
3. EMPLOYER IDENT				7.	TYPE OF APPLICANT: A. State H.			
New Continuation Revision Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:				A. State B. County J. State Controlled Institution of Higher Le. C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate F. Intermunicipal G. Special District N. Other (Specify): Non-Profit Org.				
				9. NAME	OF FEDERAL AGENCY: E	PA		
	TANCE NUMBER: 66	808 vation (Solid Waste)					ст. EPA Region 9 Tribal	
12. AREAS AFFECTI EPA Region 9	ED BY PROJECT (citi	es, countles, states, etc.):						
13. PROPOSED PROJE	ECT:	14. CONGRESSIONAL DISTRI	ICTOF:					
Start Date 3/15/04	End Date 8/14/05	a, Applicant: Waxman					b. Project Multiple	
15. Estimated Fundi	ng:			16.	IS APPLICATION SUBJECT	TTO REVIEW I	BY STATE EXECUTIVE ORDER	
i. Federal		\$40,000			12972 PROCESS?			
). Applicant		\$		a.			ICATION WAS MADE AVAILABLE	
; State		\$					372 PROCESSES FOR REVIEW ON	
				DATE				
). Other		\$		b, NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REV				
. Program Income		\$		17. IS THE	APPLICANT DELINQUENT			
3. TOTAL		\$ 40	0,000.00	□ Ye:	s if "Yes" attach an expla	nation.	⊠ №	

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APPLICATION FOR					Version 7/0	
FEDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	SY STATE	State Applica	State Application Identifier	
☑ Construction	☐ Construction	4. DATE RECEIVED B	Y FEDERAL AGE	ENCY Federal Iden	tifier	
☐ Non-Construction	Non-Construction			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5. APPLICANT INFORMATION Legal Name:			Organization	al Unit		
Retirement Housing Foundation	.		Department:	ar Offic.		
Organizational DUNS:	I		Division:			
050819952						
Address: Street:	1,200,200			ephone number of p application (give ar	erson to be contacted on matters rea code)	
911 N. Studebaker Road			Prefix: Mr.	First Name: Richard		
City: Long Beach			Middle Name Thomas	Tuchara		
County: Los Angeles			Last Name Washington			
State: California	Zip Code 90815-4900		Suffix:			
Country:	90815-4900	4.10	Email:		A Table	
USA	ALAURADED (EIAI).		richard.washir		Fax Number (give area code)	
6. EMPLOYER IDENTIFICATION			562-257-5100	r (give area code)		
9 5 - 2 2 4 9 4 9 5 8. TYPE OF APPLICATION:				DDI ICANT. (See be	562-493-7042 ck of form for Application Types)	
8. TIPE OF APPLICATION.	v 🏻 Continuation	n 🗌 Revision		•	ck of form for Application Types)	
If Revision, enter appropriate lett	er(s) in box(es)	n III. Revision	O. Not for pro	fit organization		
(See back of form for description	of letters.)		Other (specify)			
Other (specify)				EDERAL AGENCY: lousing and Urban De	evelopment	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPL	ICANT'S PROJECT:	
TITLE (Name of Program):		1 4-1 5 7		dens III - New constr nunity space, and par	uction of low-income senior rental king.	
Section 202 Program	O IFOT (Oiling Counting	Ctatas ataly	_			
12. AREAS AFFECTED BY PROCEED OF Los Angeles, Los Angeles	•					
13. PROPOSED PROJECT	s County, state of Camor	illa	14 CONGRES	SIONAL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project	
07/01/2005 15. ESTIMATED FUNDING:	12/31/2006	TEN	46th	ATION CUR IECT TO	25th REVIEW BY STATE EXECUTIVE	
	TECE	VED 1	ORDER 12372	PROCESS?		
a. Federal \$		9,359,730	ia. yes. 📂		N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant \$	JUL I	25,000		OCESS FOR REVIE		
c. State \$			DA	TE: July 15,2	roaf	
d. Local \$	STATECLEA	500 000 ·	b. No. 🔟 PR	OGRAM IS NOT CO	VERED BY E. O. 12372	
County of Los Angeles e. Other \$	The second secon	00,000		PROGRAM HAS NO	OT BEEN SELECTED BY STATE	
f. Program Income \$			FO	R REVIEW	NT ON ANY FEDERAL DEBT?	
			17. IS THE AP	PLICANT DELINQUE	INT ON ANT FEDERAL DEDT?	
g. TOTAL \$		9,884,730		attach an explanatio		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF				
a. Authorized Representative		VARDED.				
Prefix Mr.	First Name John			Middle Name H.		
Last Name von Rusten				Suffix		
b. Title CFO/VP # /	1	make make a sum of the	(c. Telephone Number 562-257-51	(give area code)	
d. Signature of Authorifed Repres	sentative		e. Date Signed 07/01/2004			
Previous Edition Usable			- <u> </u>	0 /	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	Ì				Prescribed by OMB Circular A-102	

PPLICATION FOR	•	2. DATE SUBMITTED		Applicant Identi	fier
EDERAL ASSISTANCE		6/28/2004	CTATE	State Application	n Identifier
TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY			
oplication	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identific	e r
Construction	Non-Construction				
Non-Construction APPLICANT INFORMATION	l		Organizational Unit	:	
gal Name:			Danadment:		
norah Housing Foundation			Menorah Housing Fo	bundation	
ganizational DUNS: -690-5304			NI/Δ		son to be contacted on matters
dress			Name and telephon involving this appli	e number of per cation (give area	code)
eet:			Prefix:	First Name: Anne	
18 Cotner Avenue			Ms. Middle Name	Aille	4
ty: os Angeles					and the second s
unty:			Last Name Friedrich		
s Angeles	Zip Code		Suffix:		
ate: alifornia	90025		Email:		
ountry: nited States			afriedrich@menora Phone Number (give		Fax Number (give area code)
EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		(310) 477-4942 x. 2		(310) 477-5307
23-7103775	5		(310) 477-4942 X. 2	CANT: (See hac	k of form for Application Types)
TYPE OF APPLICATION:	works.	p===1	1		
Ø Ne	ew Continuat	tion Revision	O - Not for Profit Or	ganization i	
Revision, enter appropriate le ee back of form for descriptio	on of letters.)		Other (specify)		
			9, NAME OF FEDE	RAL AGENCY:	
ther (specify)			U.S. Department of	Housing and Urb	CANT'S PROJECT:
O. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	Darthania Street St	anior Housing	
		14-157	77 Units of Section	202 Subsidized	Housing for Very Low Income
ITLE (Name of Program):			Elderly		
Section 202 Supportive Houst 12. AREAS AFFECTED BY P	ing for the Elderly	ties States, etc.);			
	Rusect (ones, coun	noo, Diane,			
City of Los Angeles 3. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant 30th		b. Project 27th
/1/05	6/30/06		16. IS APPLICATI	ON SUBJECT TO	REVIEW BY STATE EXECUTIV
5. ESTIMATED FUNDING:			40070 DD	OCESS?	N/APPLICATION WAS MADE
a. Federal				1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N/AFFLICATION TO THE
1. Federal	\$	9,608,606	a. Yes. M. AVAIL		TATE EXECUTIVE ORDER 12372
202 Capital Advance	\$	9,608,606	a. Yes. M. AVAIL	ABLE TO THE S ESS FOR REVIE	TATE EXECUTIVE ORDER 12372
202 Capital Advance), Applicant	\$	9,608,606	a. Yes. K. AVAIL PROC		TATE EXECUTIVE ORDER 12372
202 Capital Advance b. Applicant	\$ \$	9,608,606	a. Yes. 821 AVAIL PROC	ESS FOR REVIE June 28, 2004	TATE EXECUTIVE ORDER 12372 W ON
202 Capital Advance D. Applicant C. State	\$	9,608,606 10,000	a. Yes. 823 AVAIL PROC	ESS FOR REVIE : June 28, 2004 :RAM IS NOT CO	TATE EXECUTIVE ORDER 12372 W ON WERED BY E. O. 12372
202 Capital Advance b. Applicant c. State d. Local	\$	9,608,606	a. Yes. & AVAIL PROC	ESS FOR REVIE : June 28, 2004 :RAM IS NOT CO ROGRAM HAS N	TATE EXECUTIVE ORIGER 12372 W ON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE
202 Capital Advance b. Applicant c. State d. Local e. Other	\$ \$ \$	9,608,606 10,000 ab 1,281,627	a. Yes. & AVAIL PROC	ESS FOR REVIE : June 28, 2004 :RAM IS NOT CO ROGRAM HAS N	TATE EXECUTIVE ORDER 12372 W ON VERED BY E. O. 12372
202 Capital Advance b. Applicant c. State d. Local e. Other f. Program Income 202 PRAC	\$ \$ \$ \$	9,608,606	b. No. in PROG	ESS FOR REVIE June 28, 2004 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINQU	TATE EXECUTIVE ORDER 12372 W ON WERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT?
202 Capital Advance b. Applicant c. State d. Local e. Other f. Program Income 202 PRAC g. TOTAL	\$ \$ \$ \$ \$	9,608,606 10,000 1,281,627 1,422,720 12,322,953	b. No. in PROG	ESS FOR REVIE June 28, 2004 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINQU tach an explanation	INTEREST EXECUTIVE ORDER 12372 WON IVERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? ON. INDUSTRIES AND CORRECT. THE
202 Capital Advance b. Applicant c. State d. Local e. Other f. Program Income 202 PRAC g. TOTAL	\$ \$ \$ \$ \$	9,608,606 10,000 1,281,627 1,422,720 12,322,953	a. Yes. M. AVAIL PROO	ESS FOR REVIE June 28, 2004 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINQU tach an explanation	INTEREST EXECUTIVE ORDER 12372 WON WERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? ON. TRUE AND CORRECT. THE
202 Capital Advance D. Applicant D. State J. Local D. Other J. Program Income 202 PRAC J. TOTAL 18. TO THE BEST OF MY KI	\$ \$ \$ \$ NOWLEDGE AND BELL Y AUTHORIZED BY	9,608,606 10,000 1,281,627 1,422,720 12,322,953 LIEF, ALL DATA IN THIS THE GOVERNING BODY	a. Yes. M. AVAIL PROO	ESS FOR REVIE June 28, 2004 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINQU tach an explanation	TATE EXECUTIVE ORDER 12372 W ON WERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT?
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202 Capital Advance Applicant State Local Other Program Income 202 PRAC TOTAL 18. TO THE BEST OF MY KIND OCUMENT HAS BEEN DUITATION AND CES A Authorized Representatives	\$ \$ \$ NOWLEDGE AND BEILY AUTHORIZED BY THE ASSISTANCE	9,608,606 10,000 1,281,627 1,422,720 12,322,953 LIEF, ALL DATA IN THIS THE GOVERNING BODY	a. Yes. & AVAIL PROOF DATE b. No. In PROOF 17. IS THE APPLICATION/PREAP OF THE APPLICANT A	ESS FOR REVIE June 28, 2004 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINQU tach an explanati PLICATION ARE IND THE APPLICATION ARE IND THE APPLICATION ARE	INTEREST EXECUTIVE ORDER 12372 WON WERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? ON. TRUE AND CORRECT, THE
202 Capital Advance Applicant State Local Program Income 202 PRAC TOTAL STOTAL STOTAL STACHED ASSURANCES Authorized Representative Prefix Ms. Last Name	\$ \$ \$ NOWLEDGE AND BEILY AUTHORIZED BY THE ASSISTANCE First Name	9,608,606 10,000 1,281,627 1,422,720 12,322,953 LIEF, ALL DATA IN THIS THE GOVERNING BODY	a. Yes. & AVAIL PROO DATE b. No. I PROG FOR PI FOR I 17. IS THE APPLI APPLICATION/PREAP OF THE APPLICANT A	ESS FOR REVIE June 28, 2004 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINQU tach an explanation of the application of the	TATE EXECUTIVE ORDER 12372 W ON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? ON. TRUE AND CORRECT, THE EANT WILL COMPLY WITH THE
202 Capital Advance D. Applicant D. State d. Local E. Other T. Program Income 202 PRAC G. TOTAL 18. TO THE BEST OF MY K. DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES a. Authorized Representative Prefix Ms. Last Name Friedrich	\$ \$ \$ NOWLEDGE AND BEILY AUTHORIZED BY THE ASSISTANCE First Name	9,608,606 10,000 1,281,627 1,422,720 12,322,953 LIEF, ALL DATA IN THIS THE GOVERNING BODY	AVAIL PROCE DATE b. No. III PROCE OR PROCE 17. IS THE APPLI Yes If "Yes" at APPLICATION/PREAP OF THE APPLICANT A	ESS FOR REVIE June 28, 2004 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINQUIT tach an explanation PLICATION ARE IND THE APPLICATION IT THE APPLICATION	TATE EXECUTIVE ORDER 12372 W ON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On.
202 Capital Advance D. Applicant D. State d. Local E. Other f. Program Income 202 PRAC g. TOTAL 18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES a. Authorized Representative Prefix Ms. Last Name Friedrich b. Title President	\$ \$ NOWLEDGE AND BELLY AUTHORIZED BY THE ASSISTANCE First Name Anne	9,608,606 10,000 1,281,627 1,422,720 12,322,953 LIEF, ALL DATA IN THIS THE GOVERNING BODY IS AWARDED.	AVAIL PROC DATE b. No. in PROC OR PI FORE 17. IS THE APPLI Yes If Yes' at APPLICATION/PREAP OF THE APPLICANT A MIC Su C.	ESS FOR REVIE June 28, 2004 RAM IS NOT COROGRAM HAS NOT DELINQUITED THE APPLICATION ARE UND THE APPL	TATE EXECUTIVE ORDER 12372 W ON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On.
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202 Capital Advance D. Applicant D. State d. Local E. Other f. Program Income 202 PRAC g. TOTAL 18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUI ATTACHED ASSURANCES a. Authorized Representative Prefix Ms. Last Name Friedrich b. Title President	\$ \$ NOWLEDGE AND BEILLY AUTHORIZED BY THE ASSISTANCE First Name Anne epresentative	9,608,606 10,000 1,281,627 1,422,720 12,322,953 LIEF, ALL DATA IN THIS THE GOVERNING BODY IS AWARDED.	AVAIL PROC DATE b. No. in PROC OR PI FORE 17. IS THE APPLI Yes If Yes' at APPLICATION/PREAP OF THE APPLICANT A MIC Su C.	ESS FOR REVIE June 28, 2004 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINQU tach an explanati PLICATION ARE IND THE APPLIC IND THE APPLIC Telephone Numb 10) 47774942 x. 2 Date Signed 28/04	TATE EXECUTIVE ORDER 12372 W ON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On. TRUE AND CORRECT, THE CANT WILL COMPLY WITH THE er (give area code)
202 Capital Advance D. Applicant D. State d. Local E. Other J. Program Income 202 PRAC G. TOTAL 18. TO THE BEST OF MY KIND ATTACHED ASSURANCES A. Authorized Representative Prefix Last Name Friedrich D. Title President d. Signature of Authorized Representative Previous Edition Usable	\$ \$ NOWLEDGE AND BEILLY AUTHORIZED BY THE ASSISTANCE First Name Anne epresentative	9,608,606 10,000 1,281,627 1,422,720 12,322,953 LIEF, ALL DATA IN THIS THE GOVERNING BODY IS AWARDED.	AVAIL PROCE DATE b. No. in PROCE TO OR PI 17. IS THE APPLI APPLICATION/PREAP OF THE APPLICANT A Michael Survey C. 13 6. 6/	ESS FOR REVIE June 28, 2004 RAM IS NOT CO ROGRAM HAS N REVIEW CANT DELINQU tach an explanati PLICATION ARE IND THE APPLIC IND THE APPLIC Telephone Numb 10) 47774942 x. 2 Date Signed 28/04	TATE EXECUTIVE ORDER 12372 WON WERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On.

APPLICATION FOR FEDERAL ASSISTANC	E	2. DATE BURMITTED	TIKIOA	Applicant Ide	Version 7/
1. TYPE OF SUBMISSION:		1 DATE RECEIVED BY	STATE WAS	State Applica	ation Identifier
Application	Pre-application		NIH		
Construction	Construction	L DATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	(Mare)
APPLICANT INFORMATION	Non-Construction			1	
Legal Name:			Depertment:		
Organizational DUNG:	6 AND REDEVELO	PHENT AGENCY	DEV	RAPHEN	SORVES
(1) 49	73530		1		
Address:			Name and talepton	e number of p	erson to be contacted on matters
630 I SIZ	ET		Prefix: MO	First Narres:	TIM
City:		_=	Middle Name	1	UM.
County:			Last Name ///	7,	
State: 20			Suffix:	$\epsilon_{}$	
4	Zip Code 958/4				
Country: USA				@5hra	
& EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (gree		Fex Number (give area code)
24-600000			916.440-1		916.442-6786
S. TYPE OF APPLICATION	m -	.	1 1	ANT: (See bac	ok of form for Application Types)
Mevision, enter appropriate les	ar(u) in box(ee)	Revision	N-		
(See back of form for description	of letters.)	П	Other (specify)	EVELOP	MENT AGENCY
Other (specify)		J	S. NAME OF FEBER	AL AGENCY:	HID
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TO		
		നമ തുമത	SUPRE A	1115	
TITLE (Name of Program): BR ECWONIC 12 AREAS AFFECTED BY PRO	ONNFIELDS		ADAPTIVE	RELE	S PROTECT
12 AREAS AFFECTED BY OR	USCT/CHOA COURSE	States of)			•
SACRAMENTO SACRA					
19. PROPOSED PROJECT			14 CONGRESSION	L DISTRICTS	OF:
Stan Data: FEB. 2005	Ending Date:	2007	a. Applicant	5H 11H	b. Project 501
TE ESTIMATED FUNDING:			I SE TO ALLEH CONTROL	and critic	REVIEW BY STATE EXECUTIVE
a. Federal S	7.70	<u>~~</u> ."	ORDER 12372 PROC	APPLICATION	VAPPLICATION WAS MADE
b. Applicant	τ	110	T AVAILABI	LE TO THE ST. S FOR REVIEW	ATE EXECUTIVE UNDER 12372
e. State &	3,160	,000_	-	1/12/200	
d. Local (HOME)	1,000.	000	b. No. III PROGRA	M IS NOT COV	ERED BY E. O. 12372
e, Other	13.116.	314	OR PROG		T BEEN SELECTED BY STATE
f. Program (poor)	450	000			NT ON ANY FEDERAL DEBT?
g. TOTAL	25 227	193.	Yes if Yes' attach	en evoluention	ı. No
18 TO THE BEST OF MY KNOW	VLEDGE AND BELIEF.	LL BATA IN THIS APPL			RUE AND CORRECT. THE
OCUMENT HAS BEEN DULY A	WTHO POZED BY THE O	OVERNING BODY OF T			
a. Authorized Representative			1112		
//0	First Name ANNE		Middle	Name M	•
LOSE NEITHE MODRE			Suffix		
THE EXECUTIVE	DIRECTOR	<u>e</u>	E. Tologo	hone Number	5-72-79
Signature of Authorized Repres			e. Date		104
TOMOUR ENGLANDED	tus -				Standard Form 424 (Rev. 4-2003)
withonized for Local Reproduction					Prescribed by OMB Circular A-102
		G E I W I	3 [7]		
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			TOTAL PROPERTY OF THE PROPERTY		
	The second secon	UI 1 2 2004			
		UL IZ ZUUT			
	CTATE (TEADING II	Olice		•
	DIMIC	ZLEARING H	UUSE		

APPLICATION FOR

FEDERAL ASSISTAN	2. DATE SU		0004	Applicant Identifier		
			July 9,	2004		
1. TYPE OF SUBMISSION:		3. DATE RE	CEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication					
Non-Construction	☐ Construction	4. DATE RE	CEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	✓ Non-Construction	L				
Legal Name:				Organizational Unit:		
City of Firebaugh				o gamaanonar onn.		
Address (give city, county, State,				Name and telephone	number of person to be contacted on matters involving	
Firebaugh, Fresno Co	ounty, California 9	3622		this application (give a	area code)	
					Ramirez - City Manager	
6. EMPLOYER IDENTIFICATION	NIIMBER (EINI)			Phone (559)	NT: (enter appropriate letter in box)	
94-6000	3 3 3			7. TIPL OF AFFLICA	, ,	
3 7 0 0 0 0	3 3 3			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:				B. County	I. State Controlled Institution of Higher Learning	
☑ New	☐ Continuation	Rev	ision	C. Municipal	J. Private University	
If Revision, enter appropriate lette	or(a) in how(an)			D. Township	K. Indian Tribe	
Transion, enter appropriate lette	er(s) in box(es)			E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Deci	rease Award C. Increase	Duration		G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):			-	()	
				9. NAME OF FEDER	AL AGENCY:	
15% Grant and 85%	Loan			USDA Rural De	welcomont	
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	JMBER:			TLE OF APPLICANT'S PROJECT:	
		1 0 —	7 6 6		stall Kitchen Equipment in a recently	
TITLE: Community F	Facilities				lic Facilities Building in the City of	
12. AREAS AFFECTED BY PRO		tes, etc.):		rirebaugh locate	ed in the Firebaugh Historical Park.	
City of Firebaugh-Fresno	County- California					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	:			
Start Date Ending Date	a. Applicant			b. Project		
9/1/04 12/1/04	California 20	Oth District		,	California 20th District	
15. ESTIMATED FUNDING:	4			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
	yun mas			ORDER 12372 PF	ROCESS?	
a. Federal	\$	70,000 [.]	00	VEQ 7110 000		
b. Applicant	\$		00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 1:		
o. Applicant	Ť	0			FOR REVIEW ON:	
c. State	\$		00			
		0	00	DATE		
d. Local	\$	0.		h No. 11 00000	AM IS NOT COVERED BY E. O. 40070	
e. Other	\$		00		AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE	
		0		FOR REV		
f. Program Income	\$		00			
		0		17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	70,000	00	Yes If "Yes,"	attach an explanation.	
18 TO THE BEST OF MY KNOW	VI EDGE AND BELIEF ALL		HIS APPLICA	ATION/PREADDLICA	TION ARE TRUE AND CORRECT, THE	
					HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWA	RDED.	REUE	IVED		
a. Type Name of Authorized Rep	resentative	b. Title			c. Telephone Number	
Jose Antonio Ramirez	contativo	City Mana	ager	1 2 2004	(559) 659-2043	
d. Signature of Authorized Repres	seniative	,		erite	e. Date Signed	
Previous Edition Usable		72	ATECLE	ARING HOUSE	Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduction	n	(0)	MIL OLEA	THING HOUGE	Prescribed by OMB Circular A-102	

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED July 9, 2004	,	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	Ner	
Non-Construction	Non-Construction	July 12, 2004				
5. APPLICANT INFORMATION			Tongalandland			
Legal Name:		a a a	Organizational Unit			
Spanish Speaking Unity Counc	il of Alameda County, Inc	0,	Division:			
Organizational DUNS; 079084174	-	1				
Address: Street:		-G-E-H-W-E-	Name and telephon		erson to be contacted on matters	
1900 Fruitvale Avenue, Suite 2		U L U.V.E	Prefix:	First Name:		
Cibe			Ms. Middle Name	Jennifer		
City: Oakland		JUL 9 2004	Lyn			
County: Alameda			Last Name Kasean			
State: California	ZID Code 94601	STEEL	Suffix;			
Country: U.S.A.	1 27001 5 1/4 1/4	56.200.00	Emell:	.D		
U.S.A.' 6. EMPLOYER IDENTIFICATI	ON NUMBER (FIN)	Political Control of the Control of	Phone Number (give		Fax Number (give area code)	
A			(510) 535-6924		(510) 534-7771	
94-167049 8. TYPE OF APPLICATION:	<u> </u>		,	ANT: (See bac	ck of form for Application Types)	
Z N	w Continuation	on Revision	O - Not for Profit Or			
If Revision, enter appropriate le (See back of form for description	etter(s) in box(es)		Other (specify)	A III LOUDIN		
Other (specify) 9. NAME OF FEDERAL AGENCY: Administration for Children and Families, Office of Community Sen						
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:			ICANT'S PROJECT:	
		93-570	- W 1 /2 - A-1	t. B	of a control of the state and the	
TITLE (Name of Program): CSBG Community Econ. Dev.		@ 3 - 5 1 1 6	Fruitvale/San Anton	io Rnaideaa Dev	relopment Partnership	
CSBG Community Econ. Dev. 12. AREAS AFFECTED BY P	Discretionary Grant Prog	g, "Operational Projects"	4			
Cry 2 Cakland, Alameda Cou		s, States, divij.				
13. PROPOSED PROJECT	n ky		14. CONGRESSION	IAL DISTRICTS	OF:	
Start Date:	Ending Date;	. 5.	a. Applicent		b. Project	
October 1, 2004 15. ESTIMATED FUNDING:	February 28, 2006		NInth	N SUBJECT TO	Ninth REVIEW BY STATE EXECUTIVE	
13. ESTIMATED FUNDING:			ORDER 12372 PRO	CE887		
a. Federal	\$	700,000	a. You. THIS PI	REAPPLICATIO BLE TO THE ST	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant	\$	492,968		SS FOR REVIE		
e State	\$	402,308	DATE:	July 9, 2004		
d. Local	\$.		b. No.	LAM IS NOT CO	VERED BY E. O. 12372	
e. Other	\$	D0			OT BEEN SELECTED BY STATE	
f. Program Income	\$	81,209	17. IS THE APPLIC	ANT DELINQUI	ENT ON ANY FEDERAL DEBT?	
B	\$	1,274,177	Yes If "Yes" atta	•		
ATTACHED ASSURANCES II	Y AUTHORIZED BY TH	E GOVERNING BODY OF	PLICATION/PREAPPITHE APPLICANT AN	D THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative	First Name Marsha	jan kan di katawatan k	Midd G.	le Name		
Last Name. Munington	24 1		Suffi	ς		
D. Title Senior Executive Officer				lephone Numbe	r (give area code)	
d. Signature of Authorized Per	respitative ,		e. Da) 535-6913 ite Signed		
Previous Edition Usable	Hurry	recor	July	9, 2004	Standard Form 424 (Rev.9-2003	
Authorized for Local Reproduc	tion				Prescribed by OMB Circular A-10:	

Application for Federal Education Assistance (ED 424) Applicant Information



U.S. Department of Education

Name and Address	Organizational Unit
Legal Name: San Jose State University Foundation	
Address: 210 N. 4th Street	
San Jose City	CA USA 95112 - 5569 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 5 6 8 2 0 7 1 5	6. Novice Applicant Yes V No
 3. Applicant's T-I-N 9 4 - 6 0 1 7 6 3 8 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs 	 7. Is the applicant delinquent on any Federal debt? Yes No (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.) K
5. Project Director: <u>Dr. Andrew Hughey</u> Address: <u>One Washington Square</u> San Jose <u>CA</u> 95192 - 0073 City State ZIP Code + 4 Tel. #: (408) 924-3636 Fax #: (408) 924-4137	A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify): F Independent School District O Public College or University Private, Profit Organization O Other (Specify): non-profit auxiliary of SJSU
E-Mail Address:arhughey@aol.com	
PreApplication Construction Non-Construction Non-Construction Non-Construction Non-Construction STATE CLEARING 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date:	Tes (Go to 12a.)
11. Proposed Project Dates: 9/1/2004 8/31/2007	
14a. Federal \$ 199,569.00 15. To the be correct.	rized Representative Information st of my knowledge and belief, all data in this preapplication/application are true and The document has been duly authorized by the governing body of the applicant and cant will comply with the attached assurances if the assistance is awarded.
	ed Representative (Please type or print name clearly.)
c. State \$.00 Jerri C	armo
d. Local \$.00	ponsored Programs Director
e. Other \$.00 c. Tel.#:_	(408) 924-1429 Fax #:(408) 924-1496
f. Program Income \$.00 d. E-Mail A	Address: jcarmo@foundation.sjsu.edu 7/7/04 Date:

Application for Federal Education Assistance (ED 424)

Applicant Information

U.S. Department of Education

	STATE OF THE PROPERTY OF THE P	Organizational Unit		
1. Name and Address	HEUE.	A green		
Legal Name: Association for Better Living Address: 7056 Hollywood Boulevard	and Education JUL	1 2 2004		
Los Angeles, CA USA 90028	-6041			
City State Country ZIP Coc	state CL	EARING HOUSE		
2. Applicant's D-U-N-S Number 6_ _0	2	4_ _5_ 6. Novice Applicant _X_YesNo		
3. Applicant's T-I-N _9_ _5_ - _4_ _1_ _8_		7. Is the applicant delinquent on any Federal debt?Yes _X_No		
		(If "Yes," attach an explanation.)		
4. Catalog of Federal Domestic Assistance #	: 841_ _8_ _4_ _B_			
Title: Mentoring Programs	-	8. Type of Applicant (Enter appropriate letter in the box.)		
5. Project Director: Rachel Rosenthal		A - State F - Independent School District		
Address: 7065 Hollywood Blvd		B - Local G - Public College or University		
Los Angeles	CA 90027-6041	C - Special District H - Private, Non-profit College or University		
City	State Zip code + 4	D - Indian Tribe I - Non-profit Organization		
Tel. #: (323) <u>953 - 3360</u> Fax #	#: (323 <u>) 953 - 3272</u>	E - Individual J - Private, Profit-Making Organization		
E-Mail Address: <u>ablewestus@earthlink.</u> ı	net	K - Other (Specify):		
Application Information				
9. Type of Submission:		12. Are any research activities involving human subjects planned at		
-PreApplication -Application		any time during the proposed project period?		
Construction Construction		Yes (Go to 12a.) <u>X</u> No (Go to item 13.)		
Non-Construction _X_ Non-Const	ruction	40 - A - II the green attribute managed decimated to be		
10. Is application subject to review by Execu	tive Order 12372 process?	12a. Are all the research activities proposed designated to be exempt from the regulations?		
_X Yes (Date made available to the Exe				
process for review): _07/_07				
, , , , , , , , , , , , , , , , , , ,		n/a No (Provide Assurance #):		
No (If "No," check appropriate box be	low.)			
Program is not covered by		13. Descriptive Title of Applicant's Project:		
Program has not been sel	ected by State for review.			
44 December 1 December 1 Of 1 Of 1 20	05 42 / 24 / 2007	Mentoring project for children of greatest need designed to improve		
11. Proposed Project Dates: _01_/_01_/_20 Start Date:	End Date:	academic performance and reduce dropout and delinquency .		
Estimated Funding	Authorized Representativ	e Information		
		rledge and belief, all data in this preapplication/application are true		
14a. Federal \$ <u>152,033</u> . 00	and correct. The docu	ment has been duly authorized by the governing body of the applicant		
b. Applicant \$0 00	and the applicant will o	comply with the attached assurances if the assistance is awarded.		
c. State \$0 00	a. Authorized Representative (Please type or print name clearly.)			
d. Local \$0 00	Rachel Rosenthal			
e. Other \$0 00	b. Title: Regional Directo	<u>r</u>		
f. Program Income\$0 00	c. Tel. #: (323) <u>953 - 33</u>	360 Fax #: (323) <u>953 - 3360</u>		
	d. E-Mail Address: ablewes	stus@earthlink.net		
g. TOTAL \$ <u>152,033</u> . 00	e. Signature of Authorized	d Representative		
	C//_	Date: 7, 7, 04		
	1/	Date: (/ - / O (

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Applicant Information	and the second s		Organizational Unit		
Name and Address Legal Name:	easant Elementary School District FCEIVED		Grants and Program Development		
Address: 3434 Marten Avenue	JUL 12	2004	Grants and Program Development		
	STATE CLEARI	NG HOUSE			
<u>San Jose</u> City	Annual and the Control of the Contro	CA_ State	Santa Clara 95148 - County ZIP Code + 4		
2. Applicant's D-U-N-S Number 1 0 0 1	2 4 3 0 4	6. Novice Appli	cantYes _X_ No		
3. Applicant's T-I-N 7 7 - 0 1 2 5	1 2 9		ant delinquent on any Federal debt?Yes _X_ No Yes," attach an explanation.)		
4. Catalog of Federal Domestic Assistance #: 84.	1 8 4 B	(II	res, auach an explanation.)		
Title: Office of Safe and Drug-Free Schoo	ls - Mentoring Programs	8. Type of Appl	icant (Enter appropriate letter in the box.)		
5. Project Director:		A - State B - Local C - Special D	F - Independent School District G - Public College or University istrict H - Private, Non-profit College or University		
Address: 3434 Marten Avenue		D - Indian Tril E - Individual	be I - Non-profit Organization		
San Jose CA City State Tel. #: (408) 223 - 3746 Fax #: (408) 400	Zip code + 4	K - Other (Specify):			
E-Mail Address: <u>isarratt@mountpleasan</u>	t.k12.ca.us				
Application Information 9. Type of Submission: -PreApplication -Application Construction Constructio Non-Construction X Non-Construction	n ruction	any time d Yes (0	earch activities involving human subjects planned at luring the proposed project period? Go to 12a.) _X_ No (Go to item 13.) all the research activities proposed designated to be		
 Is application subject to review by Executive C X Yes (Date made available to the Executive C process for review): 7 / 5 / 5 	itive Order 12372	exempt from the regulations?Yes (Provide Exemption(s) #):			
No (If "No," check appropriate box belo Program is not covered by Program has not been sele	E.O. 12372.	13. Descriptive	Title of Applicant's Project:		
11. Proposed Project Dates: 10 / 01 / 2004 Start Date:	05 / 31 / 2007 End Date:	Mentoring Program – Project T.I.M.E.S. 2 (Teaming Individuals Means Extreme Success)			
Estimated Funding	Authorized Representativ	ve Information	II data in this preapplication/application are true		
14a . Federal \$ <u>188,197</u> . 00					
b. Applicant \$ 7,50000	and the applicant will comp	ly with the attached	assurances if the assistance is awarded.		
c. State \$ 00	a. Authorized Representative	ve (<i>Please type or p</i>	orint name clearly.)		
d. Local \$ <u>17,500</u> .00	Ida Jew				
e. Other \$ 00	b. Title: <u>District Superi</u>	ntendent			
f. Program Income \$ 00	c. Tel. #: (408)223	- 3710	Fax #: (408) <u>223</u> - <u>3799</u>		
	d. E-Mail Address:ije	ew@mountpleasant	.k12.ca.us		
g. TOTAL \$ 213,197.00	e. Signature of Authorize	d Representative			
		- /4-			

Application for Federal Education Assistance (ED 424	U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information 1. Name and Address Legal Name: Imperial Valley Regional Occupational Regional Address: 687 State Street El Centro City	Organizational Unit CA Imperial 92243 - 2943
2. Applicant's D-U-N-S Number 0 6 7 6 2 2 1 2 1 2 3 3 3 1 0 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs	State County ZIP Code + 4 SE 6. Novice Applicant Yes No 7. Is the applicant delinquent on any Federal debt? Yes No (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director; Mary N. Camacho Address: 687 State Street E1 Centro City CA State TIP Code + 4 Tel. #: (760) 482-2666 Fax #: (760) 482-2751 E-Mail Address: mcamacho@ivrop.org	A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify): F Independent School LEA
Application Information	
9. Type of Submission: —PreApplication —Application —Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): 1/7/2004 No (If "No," check appropriate box below.) —Program is not covered by E.O. 12372. —Program has not been selected by State for review. Start Date: 10/1/2004 9/30/2007	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Project Individuals Caring for At Need Youth (I CAN)
	ized Representative Information
4a. Federal \$ 188,145.00 correct. T the applic a. Authorize	at of my knowledge and belief, all data in this preapplication/application are true and the document has been duly authorized by the governing body of the applicant and cant will comply with the attached assurances if the assistance is awarded, and Representative (Please type or print name clearly.) 1. Camacho 1. Camacho 1. Camacho
e. Other \$.00 c. Tel.#:	(760) 482-2666 Fax #:(760) 482-2751
f. Program Income \$.00 d. E-Mail Ac	ddress: mcamacho@ivrop.org Canocho Edit Authorized Representative Date: 7/7/2004

Application for Federal Education

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n E	R F		WI	5 (1)	4
And the second s	JUL	9	2004	Score 4-M	3

U.S. Department of Education

Assistance (ED 424)	JUL	9 2004	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Form Approvod OMS No. 187 <i>5</i> -0108 F×p. 11/30/2004
Applicant Information	Constitution of the consti		Organia	zational Unit
 Name and Address Legal Name: <u>Dual Diagnosis Asset</u> 	ssment and Treatment Cente	r, Inç.	OUSE	
Address: 5529 N Cieo	And the second of the second o			
Fresno Clty		CA State	Fresno County	93722 - 7713 ZIP Code + 4
2. Applicant's D-U-N-S Number [1131]	3 6 6 5 2 5 8		6. Novice Applicant XY	18No
Applicant's T-I-N		7		ient on any F ederal debt ? <u>Y</u> es <u>X</u> No ach an explanation.)
Title: Mentoring Programs		1	i. Type of Applicant (En	nter appropriate letter in the box.)
5. Project Director: Edna Miller			A - State B - Local	F - Independent School District G -Public College or University
Address: <u>5529 N. Cleo</u> Fresno CA 93722-771			C - Special District D - Indian Tribe	H - Private, Non-profit College or University Non-profit Organization
City	State Zip code + 4		E - Individual	J - Private, Profit-Making Organization
Tel.#; (559) <u>352 - 1185</u> E-Mall Address: <u>EM7300@msn.com</u>	Fax#: (818) <u>376 - 0471</u>		K - Other (Specify):	
Construction Co	cation nstruction n-Construction	1	time during the propo Yes (Go to 12a.)	vities involving human subjects planned at any psed project period? X No (Go to item 13.) arch activities proposed designated to be
10. Is application subject to review by Exe X Yes (Date made available to the li- process for review):	xecutive Order 12372		exempt from the	
No (If "No," check appropriate bo Program is not covered	r below,)	1	Na (Provide Assu	plicant's Project:
11. Proposed Project Dates: 08 / 15 / 20			¹I Car	n Help You"
Estimated Funding: lat Year Funding		ny knowledge a	nd belief, all deta in this p	preapplication/application are true by the governing body of the applicant
14a. Federal \$143	100.00 and the applic			nnces If the assistance is awarded.
b. Applicant (In Kind) \$29	a. Authorized Repre		se type or print name cle	
c. State \$		na Miller		
d. Local \$.00 b. Title; CEO/Found	ier		
e. Other \$.00 c. Tel.#: (559) 352	1185	Fax#:(818) 376	- <u>0417</u>
f. Program Income \$.00 d. E-Mail Address; 6	M7300@mвп.	om	
g. TOTAL \$172	100 _{.00} e. Signature of Aut	horized Repre	pentative:	Date: <u>07/_05 / 2004</u>

Standard Face Sheet

g. TOTAL

REV. 11/12/99

Application for Federal Education Assistance



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp.

Applicant Information	un i		Organizational Unit	
Legal Wasse de Amis	tad			
Address: 120 Stevens Aver				
Solana Beach		CA State	San Diego County	92075 - ZIP Code + 4
City Applicant's D-U-N-S Numb	14997431			
· · ·		77.11	6. Novice Applicant	105
Applicant's T-1-N 26001	6331	t iuc	: Mentoring Programs	
Catalog of Federal Domesti	•	84 184B	(if "Yev " ottach a	linquent on any Federal debt? No n explanation.)
Project Director: Marianno				t (Enter appropriate letter in the box.)
Address: 4604 Tarantella L San Diego City	CA S	92130 - 2464 ZIP Code + 4	A State B Local C Special District D Indian Tribe	G Public College or University H Non-Profit College or University I Non-Profit Organization J Private, Profit-Making Organization
Tel. #: (858) 509-9192	Fax #: ()	-	E Individual F Independent Sch	K Other (Specify):
				On District
E-Mail Address: m_woo@	iiomancom		/ E n l	
Application Informa	ation		and the second s	
Type of Submission:		1111 0 00	12. Are any research	h activities involving human subjects planned
PreApplication		JUL 9 20	Englishmon's	ing the proposed project period? No (Go to item
Non-Construction			12a. Are <u>all</u> the	research activities proposed designated to be egulations? No
Mon-Construction	Conti	CONTRACTOR	Yes (Provide D	
	i.			
). Is application subject to r	eview by Execu	tive Order 12372 proce	ss? No (Provide As	ssurance #, if available):
Yes (Date made availd process for revie			·	
			13. Descriptive Title	le of Applicant's Project:
	Carret Dada	End Date:	Study Compan	tions Expansion Mentoring Project
	Start Date: 07/01/2005	06/30/2008		
1. Proposed Project Dates:	07/01/2003	00/30/2000		
Estimated Fundin	g		the first of the f	esentative Information
14a. Federal	\$ 193,360	.00	is a second trans	nowledge and belief, all data in and correct. The document has been duly
b. Applicant	\$ 50,000	.00	authorized by the g will comply with the	overning body of the applicant and the applicant attached assurances if the assistance is awarded
c. State	\$ 0	.00		horized Representative
d. Local	\$ 0	.00	b. Title	
e. Other	\$ 0	.00	Interim Projec	
	\$ 0	00	c. Tel. #: (858) 509-	
f. Program Income	a G	. 77.57	d F-Mail Address: m	woo@hotmail.com

e. Signature of Authorized Representative

.00

ED 424

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Applicant Information	
Name and Address	Organizational Unit
Legal Name: Redding Elementary School District	1191
Address: 5885 E. Bonnyview Road	<u> </u>
Redding City	CA Shasta 96099 - 2418 State County ZIP Code + 4
022005254	211 0000 1 4
2. Applicant's D-U-N-S Number 9 3 2 8 8 3 2 3 4	6. Novice Applicant
3. Applicant's T-I-N 9 4 - 6 0 0 2 4 6 3 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Office of Safe and Drug-Free Schools Mentoring Programs	(If "Yes," attach an explanation.)
Title. Office of Safe and Drug-Free Schools Memoring Programs	8. Type of Applicant (Enter appropriate letter in the box.) $\mid F \mid$
5. Project Director: Kathy Kuhn	A State G Public College or University
Address: _ 5885 E. Bonnyview Road	B Local H Private, Non-Profit College or University
Redding CA 96099 - 2418	C Special District I Non-Profit Organization
City State ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify):
Tel. #:_(530) 225-0011 Fax #:_(530) 225-0015	F Independent School
E-Mail Address: kkuhn@redding.echalk.com	District
Application Information	
	12. Are converged activities investigated
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time during the proposed project period?
—PreApplication —Application \ JUL 0 9 2004	
Construction Construction	Yes (Go to 12a.) Vo (Go to item 13.)
Non-Construction ✓ Non-Construction ✓ Non-Construction	ISE 12a. Are all the research activities proposed designated to be exempt
10. Is application subject to review by Evecutive Order 12272	from the regulations?
10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review):	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project:
	FAST Friends
Program is not covered by E.O. 12372.	A Redding Elementary School District
Program has not been selected by State for review.	mentoring program to serve 40 new mentor/student matches each year
Start Date: End Date: 9/1/2004 8/31/2007	of the program.
1. Froposcu Folicis.	
Estimated Funding Authoriz	zed Representative Information
correct. The	of my knowledge and belief, all data in this preapplication/application are true and edocument has been duly authorized by the governing body of the applicant and
D. ADDICAGE 5	It will comply with the attached assurances if the assistance is awarded. Representative (Please type or print name clearly.)
c. State \$.00 Renae Dro	
b. Title Supe	erintendent
d. Local \$.00	of interiorit
e. Other \$.00 c. Tel. #:(5	30) 225-0011 Fax #:(530) 225-0015
f. Program Income & d. E-Mail Addr	ress: rdreier@redding.echalk.com
f. Program Income \$.00	1)
g. TOTAL \$ 200,000 .00 e. Signature o	of Authorized Representative Date:

Application for Feder

Application for reac.

Education Assistance (ED 424)

U.S. Department of Education

Applicant Info			Constant			
 Name and Addre Legal Name: 		District		Organizational Unit		
	3738 Walnut Avenue			San Juan Unified Sc	hool District	
	P.O. Box 477			<u> </u>		
**************************************	Carmichael				05600 0477	
City	-N-S Number 0 7 3 7		State County	7 2	_95609-0477 ZIP Code + 4	
			6. Novice Appli	cant _X_Yes No		
	N _9_46_0_0_2 al Domestic Assistance #: 84		77 In the analism	dalia	1 4-1-40 X N X N	
		0 *[b]		nt delinquent on any Feder ach an explanation.)	rai debi? Yes_X No	
Title:Mentorin	g Programs		8. Type of Appli	icant (Enter appropriate le	etter in the box.) K_	
· · · · · · · · · · · · · · · · · · ·			A - State	F - Independent Scho	ool District	
5. Project Director:	Nina Mancina		B - Local C - Special Dis		fit College or University	
Address:3738	Walnut Ave., P.O. Box 477_		D - Indian Trib E - Individual	e I - Non-profit Organ J - Private, Profit-M		
Carmichael	CA	95609-0477	K - Other (S	Specify): Consortium_		
City	CAState 9717221Fax #: (916)	Zip code + 4		San Juan Unified	l School District	
				• Light and Life C	ommunity Outreach	
E-Mail Address:						
Application Inf 9. Type of Submissi			13 4			
-PreApplication	-Application		any time durir	arch activities involving has the proposed project pe	riod?	
Construction Non-Constru	ATTACA CONTRACTOR OF THE PARTY			o 12a.) _X No (Go to it		
			12a. Are all the	research activities propose	d designated to the / E D	
_X_Yes (Date	bject to review by Executive (e made available to the Execut	ive Order 12372	Yes (Provide Exemption(s) #):			
pro	ocess for review): _6_ / _29_/_	2004	No (Pro	vide Assurance #):	JUL 0 9 2004	
	," check appropriate box belo m is not covered by E.O. 1237				STATE CLEARING HOUS	
	m has not been selected by Sta					
11. Proposed Proj	ect Dates: _10_/1_/_200-	4 9 / 30 / 2007		ne" Mentoring Progra y and 1 Middle School		
1, 1, 1	Start Date:	End Date:				
Estimated Fund	ding	Authorized Repres	entative Informa	tion		
	8			ll data in this preapplication	on/application are true	
14a. Federal	\$ 199,886 00		-	authorized by the governing		
b. Applicant	\$00			ached assurances if the ass	sistance is awarded.	
c. State	\$00	a. Authorized Representa	-			
d. Local	\$00			and the second second		
e. Otherf. Program Income	\$00		•	uctional Services ax #: (916)971-76		
1. 1 Togram meome	\$00			ax #: (910)9/1-/0		
g. TOTAL	\$199,88600	e. Signature of Authoriz				
	7.7.7.		V. Boyc		Date: 7/7/64	
		Jurice	- v. p ye		Date/_/_/	

Application for Federal



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp.

Applicant Information

1. Name and Address

Legal Manneda County Office of Education Address: 313 W. Winton Avenue

> Hayward City

CA State

1056874225

2. Applicant's D-U-N-S Number 946002421 3. Applicant's T-I-N

4. Catalog of Federal Domestic Assistance #:

5. Project Director: Enomwoyi Booker Address: 313 W. Winton Avenue

Hayward

City

State

94544 - 1198

ZIP Code + 4

Tel. #: (510) 670-7748

Fax #: (510) 670-4207

E-Mail Address: ebooker@acoe.k12.ca.us

Organizational Unit

Educational Services Division/Instructional Support Services

Alameda County

94544 - 1198 ZIP Code + 4

6. Novice Applicant No

Title: Mentoring Programs

7.Is the applicant delinquent on any Federal debt? No (if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

A State

G Public College or University

B Local C Special District

H Non-Profit College or University I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School District

Application Information

9. Type of Submission:

--Application

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/07/2004

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

11. Proposed Project Dates:

REV. 11/12/99

Start Date: End Date: 09/01/2004 09/01/2007 13. Descriptive Title of Applicant's Project: Tapping Resiliency Through Mentoring (TRTM)

Estimated Fun	ding		
14a. Federal	\$	200,000	.00
b. Applicant	\$	0 .	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	200,000	.00

Authorized Representative Information 15. To the best of my knowledge and belief, all data in

this armaiordinations true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative Sheila Jordan

b. Title

Superintendent c. Tel. #: (510) 670-4140

Fax #: (510) 670-4101

d. E-Mail Address: sheilai@acoe.k12.ca.us

Authorized Representative e. Signature of

ED 424

Page 1 of 1

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Applicant Information 1. Name and Address Legal Name: YMCA Community Services			Organizational Unit			
			to the second			
Address: 12	831 Newport	Avenue Suite 200			L	
	ıstin			<u>CA</u>	Orange	92780 - 7803
Cit		A - 310.11	The state of the s	State	County	ZIP Code + 4
2. Applicant's l	D-U-N-S Nur	nber _0_ _7_ _9_	5_4_3_7_3_2_	6. N	Novice Applicant	YesNo
3. Applicant's	Γ-I-N _9_ _5	5_ - _1_ _6_ _4_ _	4_ _0_ _5_ _5_			quent on any Federal debt?Yes X_No
4. Catalog of Fe	ederal Domes	tic Assistance #: 84	41 <u> _8_ _4</u> _B_		If "Yes," attach an e	explanation.)
Title: United	for Success		MECEIVE	D8. 1	ype of Applicant (E	inter appropriate letter in the box.) $ I_{-} $
5. Project Direc	tor: <u>Kristen</u>	<u> Thompson</u>	JUL 0 9 200		A - State B - Local C - Special District versity	F - Independent School District G - Public College or University H - Private, Non-profit College or Uni-
Address: 128	31 Newport	Avenue Suite 200	STATE CLEARING H	OUSE	D - Indian Tribe E - Individual	I - Non-profit Organization J - Private, Profit-Making Organization
Tustin City Tel. #: (714)_	665-1342	<u>CA</u> State ext 108 Fax #: (9 <u>2780</u> Zip code + 4 714) <u>665-8258</u>			,
E-Mail Addr	ess:kthompsc	on@ymcaoc.net				
Application	Informati					
	eation ruction	-Application Construction		12.	any time during the	e proposed project period? a.) X No (Go to item 13.)
Non-Construction X Non-Construction 10. Is application subject to review by Executive Order 12372 pr X Yes (Date made available to the Executive Order 12.)		e Order 12372 process? ecutive Order 12372		exempt from	search activities proposed designated to be the regulations? Exemption(s) #):	
p	rocess for rev	view): <u>7/ 07/ 2004</u>	-		No (Provide A	ssurance #):
No <i>(I</i>	Program	k appropriate box to m is not covered by		13.	Descriptive Title of	
	I logial	ii nas not been sele	cled by State for Teview.			g for youth at risk of school failure and/or d
11. Proposed Pr	oject Dates:	10/01/05 Start Date:	9/30/07 End Date:	mq	uency.	
Estimated F	unding		Authorized Represe 15. To the best of my kno			n this preapplication/application are true
4a. Federal	\$567	,785	00 and correct. The docu	ıment ha	as been duly authoriz	zed by the governing body of the applicant
. Applicant	\$	00	and the applicant will	comply	with the attached a	ssurances if the assistance is awarded.
. State	\$	00	a. Authorized Representat	ive (<i>Ple</i>	ase type or print nar	ne clearly.)
I. Local	\$. 00	Kristen Thompson			
. Other	\$. 00	b. Title: Executive Direct	or	•	
. Program Incor	me \$. 00	c. Tel. #: (714) <u>665-1342</u>	<u>x108</u>	Fax #: (714 <u>)</u>	838-5976
			d. E-Mail Address: kthom	npson@	ymcaoc.net	
g. TOTAL	\$567.	. 00	e. Signature of Authorize	-		7 0 .1
			antuja	W	-	Date: 1,7,04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Applicant Information	Organizational Unit		
. Name and Address Legal Name: Central Orange Coast YMCA			
Address: 2300 University Drive			
Address. 2500 Oniversity Drive			
Newport Beach	CA Orongo 02790		
Newport Beach City	CA Orange 92780 - State County ZIP Code + 4		
2. Applicant's D-U-N-S Number 0 7 9 5 4 3 7 3 2	6. Novice Applicant X Yes No		
3. Applicant's T-I-N 9 5 - 1 6 4 4 0 5 5	7. Is the applicant delinquent on any Federal debt?Yes _XNo		
Catalog of Federal Domestic Assistance #: 841 8 4 B	(If "Yes," attach an explanation.)		
Title: _Youth Achievers	8. Type of Applicant (Enter appropriate letter in the box.) _I		
	A - State F - Independent School District		
5. Project Director: Adrienne Stokols	B - Local G - Public College or University C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization		
Address: 13821 Newport Avenue Suite 200	E - Individual J - Private, Profit-Making Organization		
<u>Tustin</u> <u>CA</u> <u>92780</u>	K - Other (Specify):		
City State Zip code + 4 Tel. #: (714) 549-9622 Fax #: (714) 838-5976	JUL 0 9 2004		
, , , , , , , , , , , , , , , , , , , ,			
E-Mail Address: astokols@ymcaoc.net Application Information	STATE CLEARING HOUSE		
2. Type of Submission:	12. Are any research activities involving human subjects planned at		
-PreApplication -Application Construction Construction Non-Construction Non-Construction	any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.)		
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be		
10. Is application subject to review by Executive Order 12372 process?	exempt from the regulations?		
X Yes (Date made available to the Executive Order 12372 process for review): 7/02/2002	Yes (Provide Exemption(s) #):		
No (If "No," check appropriate box below.)	No (Provide Assurance #):		
Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:		
Program has not been selected by State for review.	School based mentoring for youth at risk of school failure and/or de-		
1. Proposed Project Dates: 10 / 01 / 05 9 / 30 / 07	linquency.		
Start Date: End Date:			
	sentative Information nowledge and belief, all data in this preapplication/application are true		
-	ocument has been duly authorized by the governing body of the applicant		
o. Applicant \$ 00 and the applicant w	vill comply with the attached assurances if the assistance is awarded.		
s. State \$00 a. Authorized Represent	ative (Please type or print name clearly.)		
I. Local \$00 <u>Adrienne Stokols</u>			
. Other \$00 b. Title: <u>Director</u>			
. Program Income \$ 00 c. Tel. #: (7N) <u>549-962</u>			
d. E-Mail Address: asto			
g. TOTAL \$ <u>576,947</u> . 00 e. Signature of Authori	zed Representative		

Application for ederal

Λ



U.S. Department of Education

Form Approved OMB No. 1875-0106

Education Assistance (ED 424)	Exp. 11/30/2004
Applicant Information	
1. Name and Address	Organizational Unit
Legal Name: Asian American Recovery Services, Inc.	
Address: 965 Mission Street	
Suite 325	
San Francisco	CA San Mateo County 94103 - 2921
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 6 2 2 2 8 5 4 0 1	6. Novice Applicant Yes No
3. Applicant's T-I-N 9 4 3 0 0 7 5 3 8	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs	(If "Yes," attach an explanation.)
	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: David Mineta, MSW	A State G Public College or University
Address: 7100 Mission Street	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
Daly City CA 94014 - 2201 City State ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization
<u>-</u>	E Individual K Other (Specify):
Tel. #: (650) 756-3230 Fax #: (650) 756-3945	F Independent School
E-Mail Address: _dmineta@aars-inc.org	District
Application Information	
& Francisco Servicion SECEIVEU	12. Are any research activities involving human subjects planned at any time
	during the proposed project period?
	M- (Ca ta 12a)
	Yes (Go to 12a.) No (Go to item 13.)
Non-Construction Non-Construction STATE CLEARING HOU	SE 12a. Are all the research activities proposed designated to be exempt
	from the regulations?
10. Is application subject to review by Executive Order 12372 process?	Yes (Provide Exemption(s) #):
Yes (Date made available to the Executive Order 12372	No (Provide Assurance #): FWA 00000980
process for review): <u>7/6/2004</u>	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	Connect Three Project: Blended Adult
Program is not covered by E.O. 12372.	and Peer-to-Peer Mentoring Services to
Program has not been selected by State for review.	Daly City, California Middle School
	Youth
Start Date: End Date: 9/1/2004 8/31/2007	
11. Proposed Project Dates.	
Sandra (1804-1975) 1971 - Bost Stein Bost (1974-1975) - Bost (1974-1975) Nicht (1974-1976) 1974 (1974-1976) - Bost (1974-1976)	ized Representative Information of my knowledge and belief, all data in this preapplication/application are true and
14a. Federal \$ 200,000.00 correct. The	to find knowledge and belief, all data in this preapplication/application are true and the document has been duly authorized by the governing body of the applicant and ant will comply with the attached assurances if the assistance is awarded.
0.00	d Representative (Please type or print name clearly.)
c. State \$ 0.00 Jeff Mor	i
d. Local \$ 0.00 b. Title Ex	ecutive Director
e. Other \$ 0.00 c. Tel.#:((415) 541-9285 Fax #:(415) 541-9986
f. Program Income \$ 0.00	dress: jmori@aars-inc.org
	Application to U.S. Department of Education .
g. TOTAL \$	Application to U.S. Department of Education 4 Application to U.S. Department of Education Mentoring Programs Peter 484.184B

Application for Federal Education Assistance (ED 424)



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information		Organizational Unit		
1. Name and Address Legal Name <u>Klamath Trinity Joint Unified Sch</u> e	ool District	O. garinata and a series of the series of th		
Address: P.O. Box 1308				
Hoopa, CA Humboldt City State County	95546 ZIP Code + 4			
2 . Applicant's D-U-N-S Number <u> 0 1 2 3 3 4 3 5 7</u>	1	6. Novice ApplicantYes X_No		
3. Applicant's T-I-N <u> 9 4 - 6 0 0 2 1 8 6 </u>		7. Is the applicant delinquent on any Federal debt? Yes X No (If "Yes," attach an explanation.)		
4. Catalog of Federal Domestic Assistance #: 84.	1 8 4 .B			
Title: Mentoring Program		8. Type of Applicant (Enter appropriate letter in the box.) A - State B - Local C - Special District D - Indian Tribe E - Individual K - Other (Specify): F - Independent School District G - Public College or University H - Private, Non-profit College or University I - Non-profit Organization J - Private, Profit-Making Organization		
5. Project Director: <u>Sarah Supahan</u>		Access 1 1 Parish Principles		
Address: P.O. Box 1308		HECEIVED		
Hoopa CA 95546 City State Zip code + 4 Tel. #: (530) 625-4412 Fax #: (530) 625-469	7	JUL 0 9 2004		
E-Mail Address: ssupahan@humboldt.k12.ca.	us	STATE CLEARING HOUSE		
Application Information 9. Type of Submission: -PreApplication Construction Construction Application Construction Construction		Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)		
Non-Construction X_Non-Construction 10. Is application subject to review by Executive Order 12372 process? X_Yes (Date made available to the Executive Order 12372 process for review): _6/28/2004		Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):		
		No (Provide Assurance #):		
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review.		13. Descriptive Title of Applicant's Project:		
11. Proposed Project Dates: _8/16/2004 Start Date:	8 /16/2007 End Date:	"From the Circle Mentoring Program"		
Estimated Funding	Authorized Representativ 15. To the best of my know	re Information vledge and belief, all data in this preapplication/application are true		
14a . Federal \$ <u>568,760</u> . 00	and correct. The docu	ment has been duly authorized by the governing body of the applicant		
b. Applicant \$ 00	and the applicant will	comply with the attached assurances if the assistance is awarded.		
c. State \$ 00	a. Authorized Representation	ve (Please type or print name clearly.)		
d. Local \$ 00	Arturo M. Vasquez			
e. Other \$ 00	b. Title: Superintendent			
f. Program Income \$00		Fax #: (530) <u>625-4133</u>		
		ez@humboldt.k12.ca.us		
g. TOTAL \$ <u>568,760</u> .00	e. Signature of Authorize	d Representative		

Application for lederal Education Assistance (ED 424)



U.S. Department of Education

Form Approved

1. Name and Address			Organizational Unit		
Legal Name: Lennox School D					
Address: 10319 South Firm	ona Avenue				
Lennox City		CA State		90304 - 1419 ZIP Code + 4	
2. Applicant's D-U-N-S Number	0 1 2 6 5 7 2 2 7	6. Novice Appli	cant Yes No		
 Applicant's T-I-N 9 5 - 6 Catalog of Federal Domestic Assist Title: Mentoring Programs 		(If "Yes," att	nt delinquent on any Federal debt? ach an explanation.) icant (Enter appropriate letter in t		
5. Project Director: Darian Gotti Address: 11033 Buford Aven Lennox City Tel. #: (310) 419-1800	CA 90304 - 2126 State ZIP Code + 4 Fax #: (310) 677-4635	A State B Local C Special D	G Public College or G H Private, Non-Profit istrict I Non-Profit Organi be J Private, Profit-Ma K Other (Specify):	University it College or University zation	
E-Mail Address: <u>darian_gotti@</u>	lennox.k12.ca.us	-			
Application Informa	ntion		arch activities involving human subj		
Construction Non-Construction 10. Is application subject to review by Yes (Date made availate process for review) No (If "No," check approgram is not construction Program has not by St	ble to the Executive Order 12372 : 7/7/2004	12a Are a HOUSE from Yes (G No (I 13. Descriptive Lennox AVII to provide acaschool studen	roposed project period? to to 12a.) No (Go to item 1) If the research activities proposed of the regulations? Provide Exemption(s) #): Provide Assurance #): Title of Applicant's Project: O Mentoring Project - a mentor ademic mentoring services to 1 ts (6th grade - 8th grade) and e grade)	lesignated to be exempt ing project designed 50 at-risk middle	
11. Proposed Project Dates.			santativa Informat	ion	
Estimated Funding 14a. Federal \$	586, 494.00 15. To the t	est of my knowledge a	esentative Informat and belief, all data in this preapplicatio ten duly authorized by the governing l	n/application are true and body of the applicant and	
b. Applicant \$	the app	correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.)			
c. State \$		ruce McDaniel		·	
d. Local \$	b. Title	Superintendent			
e. Other \$.00 c. Tel.#:	(310) 330-4950	Fax #:(310) 6	71-0617	
f. Program Income \$	11 V '	e Nulan	\	Date: 7/7/2004	
a. TOTAL \$	653,49 0 .00 e. Signat	ure of Authorized F	kepresentative	Date:	



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information		Orgar	nizational Unit
Name and Address Legal Name: Sonoma State Unive	rsity		
Address: <u>1801 E. Cotati Ave.</u>			
Rohnert Park,	CA	Sonom	<u>a 94928 - 3609</u>
City	State	County	ZIP Code + 4
2. Applicant's D-U-N-S Number _1_ _0_ _3_ _7_	_3_ _5_ _4_ _3_ _2_	6. Novice ApplicantY	es _XNo
3. Applicant's T-I-N _6_[8_ - _0_ _3_ _3_ _8_		7. Is the applicant delinqual (If "Yes," attac	ent on any Federal debt?Yes _XNo
4. Catalog of Federal Domestic Assistance #: 84	1_ _8_ _4 _B	• ,	
Title: Federal Mentoring Program		8. Type of Applicant (Ente	er appropriate letter in the box.) <u>G</u>
5. Project Director: Julie McClure		A - State B - Local C - Special District University D - Indian Tribe	F - Independent School District G - Public College or University H - Private, Non-profit College or I - Non-profit Organization
Address: 1801 E. Cotati Ave.		E - Individual	J - Private, Profit-Making Organization
Rohnert Park CA City State (707)	94928-3609 Zip code + 4	K - Other (Specify):	JUL 0 9 2004
Tel. #: (707) 664-4232 Fax #: (707) E-Mail Address: Julie.McClure@Sonom			4
Application Information 9. Type of Submission: -PreApplication Construction X Non-Construction 10. Is application subject to review by Executive Construction	uction Order 12372 process?	any time during the XYes (Go to 12a 12a. Are all the res	STATE CLEARING LIDUS ivities involving human subjects planned LIDUS proposed project period? .) No (Go to item 13.) earch activities proposed designated to be the regulations? xemption(s) #): pending
_X Yes (Date made available to the Execu process for review): _7	tive Order 12372 004		surance #):
No (If "No," check appropriate box belo	E.O. 12372.	13. Descriptive Title of A	
Program has not been sele	cted by State for review.	Projec	t SCHOLARS
11. Proposed Project Dates	/30/07 d Date:		
Estimated Funding		owledge and belief, all data in	this preapplication/application are true
14a. Federal \$198,390.00			zed by the governing body of the applicant
b. Applicant \$ 00			surances if the assistance is awarded.
c. State \$ 00	a. Authorized Representat	tive (Please type or print nam	ne clearly.)
d. Local \$ 00	Steven Wilson		
e. Other \$ 00	b. Title: Associate Vice		nd Finance
f. Program Income \$	c. Tel. #: (707) 664-2934	Fax <u>#: (707) _664-</u> 2	2080
	d. E-Mail Address: Stev	en.Wilson@Sonoma.edu	
g. TOTAL \$198,390.00	e. Signature of Authoriz	_	Date: 6,30,04



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information			Organizational Unit			
l. Name and Address Legal Name: The Telegraph Hill Neighborhoo	od Center					7
Address: 660 Lombard Street			<u> </u>			
San Francisco		CA State C	ounty	94133 ZIP Code + 4	-	
City			•			
2. Applicant's D-U-N-S Number <u>8 7 9 5 9</u>	9 8 6 3 9	6. Novice Ap	plicant\	resNo		
3. Applicant's T-I-N <u>9 4 - 1 1 6 7 4 2 2 </u>		7. Is the applicant delinquent on any Federal debt?Yes _X_No (If "Yes," attach an explanation.)				
. Catalog of Federal Domestic Assistance #: 84. 1	8 4 B	(1	r res, allac	п ап ехріапацоп.)		
Title: Mentoring Programs		8. Type of Ap	oplicant (Ente	er appropriate letter	in the box.)	
Office of Safe and Drug Free Schools		A - Stat	•	F - Independent So	chool District	
		B - Loc	al	G - Public College	or University	
5. Project Director: <u>Gentle Blythe, Director</u>		C - Spe	cial District	H - Private, Non-profit College or University		
Address: Francisco Connection, 2190 Powell St	treet	D - Indi E - Indi	an Tribe	I - Non-profit Organ	inization Making Organization	
San Francisco CA	94133 Zip code + 4			3 - Filvate, Front-N	viaking Organization	
City State	∠ıp code + 4	K - Oth	er (Specify):		HEAL	11 /
Tel. #: (415) <u>956 - 1234</u> Fax #: (415) <u>956</u>	- 1238					IVED
E-Mail Address: <u>gblythe@franciscoconnection.</u>	org				L'HECE	9 2000
Application Information D. Type of Submission:		12 Are any	research activ	vities involving hum	nan subjects planned at eriod? EARIN	4004
-PreApplication -Application		any tim	e during the	proposed project pe	eriod?	VG HO.
Construction Construction Non-Construction X Non-Construction	tion	Ye	s (Go to 12a.)X_No (Go to ite	em 13.)	TIOUSE
0. Is application subject to review by Executive Ord	or 12372 process?	12a. Are all the research activities proposed designated to be exempt from the regulations?Yes (Provide Exemption(s) #):				
Yes (Date made available to the Executive	e Order 12372					_
process for review):/	- W- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	No	(Provide Ass	surance #):		
X_ No (If "No," check appropriate box below. Program is not covered by E.C	D. 12372.			oplicant's Project:		_
X Program has not been selecte	ed by State for review.	The Francisco Connection Buddy Program				
1. Proposed Project Dates: 8 / 15 / 04 Start Date:	8 / 15 / 07 End Date:		, in a second second			-
	Authorized Representati 5. To the best of my kno		f, all data in tl	his preapplication/a	application are true	
4a. Federal \$ <u>256,065</u> . 00	and correct. The doc	ument has been o	duly authorize	ed by the governing	body of the applicant	
o. Applicant \$ 00	and the applicant will	comply with the	attached assı	urances if the assist	tance is awarded.	
s. State \$ 00 a	. Authorized Representat	tive (<i>Please type</i>	or print name	clearly.)		
i. Local \$ <u>60,000</u> . 00	Denise McCa	arthy				
	. Title: Executive Dir		<u></u>			
	. Tel. #: (415) <u>421</u>		<u> 1)</u> Fa	ıx #: (415) <u>433</u>		
	I. E-Mail Address:d				THE STATE OF STREET	-
j. TOTAL \$ <u>397,665</u> . 00 e	. Signature of Authorize	ed Representativ	'e			
	V SUKK	- NCL 10	N,		Date: 7, 2, 04	



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information	Organizational Unit
I. Name and Address Legal Name:Students In Business, Inc	
Address:4588 Peralta Blvd, Suite #17	
Address4555 Ferance Diva, odite # 17	
Fremont	CAContra Costa94536 State
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 8 8 3 8 2 8 0 2 2	6. Novice ApplicantYesNo
3. Applicant's T-I-N _9_ 4_ - _3_ 1_ 6_ 5_ 6_ 4_ 0_	7. Is the applicant delinquent on any Federal debt?Yes _X_No (If "Yes," attach an explanation.)
1. Catalog of Federal Domestic Assistance #: 841 _8_ _4_ _B_	(II Yes, attach an explanation.)
Title:Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
	A - State F - Independent School District
D. L. Director D. Data of Co. Land	B - Local G - Public College or University
5. Project Director:Robert Goetsch	C - Special District H - Private, Non-profit College or University
Address:4588 Peralta Blvd., Suite #17	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
Fremont	K - Other (Specify):
Tel. #: (510)7956488 Fax #: (510)7956498	K - Other (Specify).
E-Mail Address:goetsch@beamentor.org	
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time during the proposed project period?
-PreApplication -Application Construction Construction	Yes (Go to 12a.) _X_ No (Go to item 13.)
Non-Construction X Non-Construction	12a. Are all the research activities proposed designated to be
10. Is application subject to review by Executive Order 12372 process? _X_Yes (Date made available to the Executive Order 12372	exempt from the regulations?Yes (Provide Exemption(s) #):
process for review): _07_/_05_/2004	No (Provide Assurance #):
No (If "No," check appropriate box below.)	
Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:
11. Proposed Project Dates: _08/_01/_200407/_31_/2007	Oakland Middle Schools Mentoring Program
Start Date: End Date:	
Estimated Funding Authorized Represent	ative Information
	nowledge and belief, all data in this preapplication/application are true ocument has been duly authorized by the governing body of the applicant
	will comply with the attached assurances if the assistance is awarded.
	tative (Please type or print name clearly.)
	ch
T	irector
	956488Fax#: (510)7956498
	oetsch@beamentor.org
g. TOTAL \$199,651 00 e. Signature of Author	A
Justin 19	RECEIVED Date: 7/2/09
	1111 0 9 2004

STATE CLEARING HOUSE



U.S. Department of Education

Applicant Information		Org	janizational Unit		
Name and Address Legal Name: Pacific Camps and Family Resources					
Address: 380 Mobil Avenue					
Camarillo	CA	Ventura	93010		
City	State	County	ZIP Code + 4		
2. Applicant's D-U-N-S Number 0 8 9 3 4 4 0 0 1	6. Nov	vice Applicant	_Yes _X_No		
3. Applicant's T-I-N 7 7 - 0 5 7 8 8 0 4		 Is the applicant delinquent on any Federal debt?Yes _X_No (If "Yes," attach an explanation.) 			
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Mentoring Programs	9 Tow	on of Amplicant (E)	ntor conronriate letter in	the hov 1 1 1 1	
Title:	8. TYL	e of Abblicatif (E)	nter appropriate letter in		
Kenneth Harley		A - State 3 - Local	F - Independent Scho G - Public College or		
5. Project Director:		C - Special Distric University	t H - Private, Non-p	rofit College or	
Address: Camarillo CA 93010	1	D - Indian Tribe E - Individual	I - Non-profit Organiz J - Private, Profit-Ma	kpe (rganizati VED	
City State Zip code + 4 Tel. #: (805) 482- 5250 Fax #: (805) 384 - 9497 CampcamarilloBud@aol.com	1	K - Other (Specify): 	JUL 0 9 2004	
E-Mail Address:			CT.	ATE OF ADINO LIGHT	
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction Non-Construction X Non-Construction		any time during th	ctivities involving humar the proposed project perion 2a.) X No (Go to its	od?	
Non-ConstructionX Non-Construction 10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review):7 /7 /04	12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #):				
No (If "No," check appropriate box below.)					
Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:				
Program has not been selected by State for review.	Pacif	ic Camps PATHS	S (Positive Adults: Tea	ching, Helping,	
11. Proposed Project Dates: 10/ 1 / 2004 9 / 30 / 2007 Start Date: End Date:	Sher	herding) Mento	ring Project		
	knowledge a	nd belief, all data	in this preapplication/ap		
7			rized by the governing b		
7			assurances if the assista	ince is awarded.	
c. State \$ 00 a. Authorized Represe					
4. 2000					
C. Other) 384 - 9497		
) <u>384 - 9497</u> bl.com		
			7	Married Control of the Control of th	
g. TOTAL \$ 459,081. 00 e. Signature of Author	Her Le	•		Date: 7 / 2 / 2004	
	-	/		,	



U.S. Department of Education

Applicant Information 1. Name and Address Legal Name: Big Brothers & Sisters of San Diego (County Inc.
Address:17150 Via Del Campo, Suite 101	
San Diego City	
2. Applicant's D-U-N-S Number _ 9 _ 6 _ 1 _ 8 _ 7	
3. Applicant's T-I-N _ 9 _ 5 2 _ 1 _ 5 _ 1 _ 5 _	7. Is the applicant delinquent on any Federal debt?Yes _X_No
4. Catalog of Federal Domestic Assistance #: 841_	(If "Yes," attach an explanation.)
Title:Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.) _I
5. Project Director:Doug Kurtz	D - Indian Tribe I - Non-profit Organization
Address:17150 Via Del Campo, Suite 101 San Diego	919452137 o code + 4 485-7538
Application Information 9. Type of Submission: -PreApplication -Application Construction Construction Non-Construction X_ Non-Construction 10. Is application subject to review by Executive Orde X_ Yes (Date made available to the Executive process for review):7_/_6_/_200	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.)X_ No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):
No (If "No," check appropriate box belowProgram is not covered by E.OProgram has not been selected b 11. Proposed Project Dates:10/_1 /_ 20041	12372. y State for review. School Based Mentoring
	thorized Representative Information To the best of my knowledge and belief, all data in this preapplication/application are true
14a. Federal \$198,027.50	and correct. The document has been duly authorized by the governing body of the applicant
b. Applicant \$00	and the applicant will comply with the attached assurances if the assistance is awarded.
	authorized Representative (Please type or print name clearly.)
	Paul E. Palmer
	itle:Executive Director
	el. #: (858)485-6964 Fax #: (858)485-6964
	ignature of Authorized Representative Date: 7 / 6 / 04

APPLICATI				2. DATE SUBMITTED		Applicant Identifier	OMB APPROVAL No. 0348-0043
FEDERAL A	ASSIST	ANCE		July 9,	2004	N	/A
1. TYPE OF SUBN	HOISSIN	Pres	pplication	3. DATE RECEIVED BY	STATE	State Applicant Identifier	/A
☐ Construction	1		onstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Mon-Constru	iction	ØΝ	on-Construction			N	/A
5. APPLICANT INF	ORMATIO	N ·		1,			
Legai Name: San I	Francisco,	City and	County of		Organizational Unit;	Mayor's Offic	a
Organizational DUN	vs: n.	4600	4081		Division: Mayor	's Office of C	
Address (give city.					Name and relephone	number of person to be contacte	
1 Dr. Cariton B. Goodlett Place				application (give area code) Name:			
Room 496				Name: Bruc	e Der-McLe od		
San Fran	cisco, CA	94102			Phone: (415) 554-6982		
6. EMPLOYER IDE	ENTIFICATI	ON NUM	BER (EIN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter	in box) N
	9460	00479			A. State	H, Independent School	- 43
					B. County	'	stitution of Higher Learning
8. TYPE OF APPLI	ICATION:		•		C. Municipal D. Township	J. Private University K. Indian Tribe	
	⊠	New	☐ Continuation	☐ Revision	E. Interstate	L. Individual	
					F. Intermunicipa		Tibus A Garage
If Revision, enter ap				ncrease Duration	G. Special Distri	ct N. Other (Specify)	City & County
A. Increase Awa D. Decrease Du		Other (s		ICICAZA DRIANGU	9. NAME OF FEDER	RAL AGENCY:	
			2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Department of Justic	ce .
					Office	of Community Oriented Po	
10. CATALOG OF	FEDERAL	DOMEST	IC ASSISTANCE N	UMBER:	11, DESCRIPTIVE T	TLE OF APPLICANT'S PROJE	CT:
			1 6	7 1 0			
			San Fr	ancisco JUSTIS	Program		
TITLE: 2004 Technology Initiative 12. AREAS AFFECTED BY PROJECT (cities, counties, sistes, a(c.)):			Serve	r Consolidation	Project		
		•		1			
13. PROPOSED PE		try o	f San Fra	*			
Start Date	Ending Da	ule	a. Applicant	ONAL DISTRICTS OF:	b. Project		
				4.5.			
1/23/2004	1/22/2	2005	8th &	12th	8th	& 12th	
15. ESTIMATED FL	JNDING:					ATION SUBJECT TO REVIEW B	Y STATE EXECUTIVE
a. Federal		2		742108.00		372 PROCESS?	
b. Applicant		+				S PREAPPLICATION/APPLICAT	
o, applicativ		\$	P ⁻¹ (1 F1 F1 F ⁻¹)	90,		AILABLE TO THES TATE EXECU OCESS FOR REVIEW ON;	ITIVE ORDER 12372
c. State	Comments of the comments of th	36		00,	DA	πε _July 9, 200	4
d. Local	And the second s	JUL	9 2004	00.	Ь. №. □	PROGRAM IS NOT COVERED	D BY E.O. 12372
a. Other	The second secon	2		.00.		OR PROGRAM HAS NOT BEE	N SELECTED BY STATE
f. Program Income	CTAT	s				FOR REVIEW	
	DIAI.	134		,00	17. IS THE APE	PLICANT DELINQUENT ON ANY	CEDEDAL DERYS
g. TOTAL		\$	***	742,108.00	Yes	If 'Yes,' attach an explanation.	X No
18. TO THE BEST OF A BY THE GOVERNING B	NY KNOWLE	DGE AND E APPLICA	BELIEF, ALL DATA IN INT AND THE APPLICA	THIS APPLICATION/PRE	APPLICATION ARE TRUIT	E AND CORRECT. THE DOCUMENT ANCES IF THE ASSISTANCE IS AWA	HAS BEEN DULY AUTHORIZED
a. Typed Name of A	uthorized Re	epresenta	itive	ð. Title		THE STATE OF ANY	c. Telephone number
d. Signature of Auto	lene F			D;	irector		415-554-6564
		7	000				e. Date Signed
	H	<u>1600</u>	all				7/9/2004



U.S. Department of Education

Lamel Mama	asent		Organizational Unit
Legal Name:		Club of Santa	Ana
Address:	950 West Hig	hland	
	- 9		
Santa Ana	8.		CA Orange 92703 State County ZHP Oode + 4
•	I-N-S Number 0 3 0	6(0)3 (7)8 (1)	
	N 9 5 - 1 ₈ 9		6. Novice Applicant X YesNo
		,	7. Is the applicant delinquent on any Federal debt? Yea Y. N. (If "Yes," attach an explanation.)
	eral Domestic Assistance #: t toring Programs	(= ===================================	
fille:	coring frograms		8. Type of Applicant (Enter appropriate letter in the box.)
•			A - State F - Independent School District
	John F. Brewste		B - Local G - Public College or University C - Special District H - Private, Non-profit College or
	0 West Highland		University D - Indian Tribe I - Non-profit Organization
Sa	nta Ana, <u>CA</u> 543-7212 Fax#: ()	92703	E - Individual J - Privata, Profit-Making Organization
cny Tel.#:(71.4)_	State 543-7212 Fax #; ()	714) 543 - 4613	K - Other (Specify):
	johnbrew@pacbe		
🌊 Yes (Date	tion Construct struction X Non-Cons ubject to review by Executive made available to the Exec	truotion Order 12372 process? Utive Order 12372	any time during the proposed project period? Yes (Go to 12a.)x_No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):
pros	seas for reviews. 07 F 07 F	04	No (Provide Assurance #):
	lo," check appropriate box be		
	Program is not-covered-b	rE.O. 12372.	13. Descriptive Title of Applicant's Project:
_	Pregram is not-covered-b Pregram has not been se	r.E.O. 123 72. ected by State for review.	13. Descriptive Title of Applicant's Project: Mentoring Program for Students in Sub
_	Program is not-covered-b	r.E.O. 123 72. ected by State for review.	, , , , , , , , , , , , , , , , , , , ,
Proposed Projec	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date:	rE.Q. 12372. ected by State for review.	Mentoring Program for Students in Subtute Care or At Risk
— Proposed Projec Imated Funding	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date:	#E.G. 12372. coted by State for review. 09/ 30/ 05 End Date: Authorized Representation. 15. To the best of my known.	Mentoring Program for Students in Subtute Care or At Risk tive information cowledge and belief, all data in this preapplication/application are true
Proposed Projed Imated Funding . Federal	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date:	#E.O. 12372. ected by State for review.	Mentoring Program for Students in Subtute Care or At Risk tive Information owledge and belief, all data in this preapplication/application are true cument has been duly authorized by the governing body of the applicant
Proposed Project Imated Funding Pederal Poplicant	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date:	#E.Q. 12372. ected by State for review. ### 09/ 30/ 05 End Date: Authorized Representation for the best of my kind and correct. The document will at Authorized Representation and the applicant will at Authorized Representation.	Mentoring Program for Students in Subtute Care or At Risk tive Information owledge and belief, all data in this preapplication/application are true cument has been duly authorized by the governing body of the applicant Ill-comply with the attached assurances if the assistance is awarded. Interve (Please type or print name clearly.)
Proposed Project Imated Funding Federal Spilicant tate	Program is not-covered by Program has not been select Dates: 10/01/04 Start Dates: 10/000 00 \$00 \$00 \$00 \$00	O9/30/05 End Date: Authorized Representation of the applicant will a. Authorized Representation of the applicant will a. Authorized Representation of the applicant will be applicant will be applicant will be applicant of the applicant will be ap	Mentoring Program for Students in Subtute Care or At Risk tive Information owledge and bellef, all data in this preapplication/application are true cument has been duly suthorized by the governing body of the applicant ll-comply with the attached assurances if the assistance is awarded: adve (Please type or print name clearly.)
Proposed Project Imated Funding Pederal pplicant tate ocal ther	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date: \$ 200,000 00 \$	octed by State for review. 09/30/05 End Date: Authorized Representation of the best of my known and correct. The document will as Authorized Representation of the applicant will as Authorized Representation of the Brews b. Title: President	Mentoring Program for Students in Subtute Care or At Risk tive Information owledge and belief, all data in this preapplication/application are true cument has been duly authorized by the governing body of the applicant ill-comply with the attached assurances if the assistance is awarded. ative (Please type or print name clearly.) ster ht/CEO
Proposed Project Imated Funding Pederal pplicant tate ocal ther	Program is not-covered by Program has not been select Dates: 10/01/04 Start Dates: 10/000 00 \$00 \$00 \$00 \$00	#E.Q. 12372. ected by State for review.	Mentoring Program for Students in Subtute Care or At Risk tive Information ownedge and bellef, all data in this preapplication/application are true cument has been duly authorized by the governing body of the applicant li-comply with the attached assurances if the assistance is awarded: attraction of the applicant library of the applicant library of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attached assurances if the assistance is awarded: attraction of the attraction
Proposed Project Imated Funding Federal Applicant State Ocal State Ocgrem Income	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date: \$ 200,000 00 \$	#E.Q. 12372. ected by State for review.	Mentoring Program for Students in Subtute Care or At Risk tive Information owledge and bellef, all data in this preapplication/application are true cument has been duly authorized by the governing body of the applicant all-comply with the attached assurances if the assistance is awarded: attive (Please type or print name clearly.) Ster at/CEO Fax #: (714) 543 - 4613. Inbrew@pacbell.net
Proposed Project Imated Funding Federal Applicant State Ocal State Ocgrem Income	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date: \$ 200,000 00 \$ 00 \$ 00 \$ 00 \$ 00	#E.G. 12372. eoted by State for review.	Mentoring Program for Students in Subtute Care or At Risk tive Information ownedge and bellef, all data in this preapplication/application are true cument has been duly suthorized by the governing body of the applicant accomply with the attached assurances if the assistance is awarded: attractive (Please type or print name clearly.) Ster at/CEO 37212 Fax #: (714) 543 - 4613. Inbrew@pacbell.net
Proposed Project Imated Funding Federal Applicant State Ocal Other	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date: \$ 200,000 00 \$ 00 \$ 00 \$ 00 \$ 00	#E.G. 12372. eoted by State for review.	Mentoring Program for Students in Subtute Care or At Risk tive Information owledge and bellef, all data in this preapplication/application are true cument has been duly authorized by the governing body of the applicant all-comply with the attached assurances if the assistance is awarded: attive (Please type or print name clearly.) Ster at/CEO Fax #: (714) 543 - 4613. Inbrew@pacbell.net
Proposed Project Ilmated Funding Ilmated Fundi	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date: \$ 200,000 00 \$ 00 \$ 00 \$ 00 \$ 00	Description of the control of the co	Mentoring Program for Students in Subtute Care or At Risk tive Information owledge and bellef, all data in this preapplication/application are true cument has been duly suthorized by the governing body of the applicant all-comply with the attached assurances if the assistance is awarded: attive (Please type or print name clearly.) Ster at / CEO 3 - 7212 Fax # (714) 543 - 4613. Inbrew@pacbell.net add Representative
Proposed Project Ilmated Funding Ilmated Fundi	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date: \$ 200,000 00 \$ 00 \$ 00 \$ 00 \$ 00	Description of the control of the co	Mentoring Program for Students in Subtute Care or At Risk tive Information ownedge and bellef, all data in this preapplication/application are true cument has been duly suthorized by the governing body of the applicant all-comply with the attached assurances if the assistance is awarded: attractive (Please type or print name clearly.) ster at/CEO 37212 Fax # (714) 543 - 4613. Inbrew@pacbell.net ad Representative
Proposed Project Ilmated Funding Ilmated Fundi	Program is not-covered by Program has not been select Dates: 10/01/04 Start Date: \$ 200,000 00 \$ 00 \$ 00 \$ 00 \$ 00	Description of the control of the co	Mentoring Program for Students in Subtute Care or At Risk tive Information owledge and bellef, all data in this preapplication/application are true cument has been duly authorized by the governing body of the applicant all-comply with the attached assurances if the assistance is awarded: attive (Please type or print name clearly.) ster at / CEO 3 - 7212 Fax #: (714) 543 - 4613 anbrew@pacbell.net ad Representative
Proposed Projectimated Funding a. Federal Applicant State Local Other rogrem Income	Program is not-covered by Program has not been select Dates: 10/01/04 Start Dates: 200,000 00 \$00 \$00 \$00 \$00 \$00 \$00	Description of the control of the co	Mentoring Program for Students in Subtute Care or At Risk tive Information owledge and bellef, all data in this preapplication/application are true cument has been duly authorized by the governing body of the applicant all-comply with the attached assurances if the assistance is awarded: attive (Please type or print name clearly.) ster at / CEO 3 - 7212 Fax #: (714) 543 - 4613 anbrew@pacbell.net ad Representative

Education Assistance (ED 424)	9 2004 U.S. Department of Education Form Approved OMB No. 1875-0108 Exp. 11/30/2004
Applicant Information	0.110.110.27
1. Name and Address Legal Name: Boys & Girls Club of Sar	CARING HOUSE Organizational Unit
Address: 950 West Highland	-
Santa Ana	
City	CA Orange 92703 State County ZIP Code+4
2. Applicant's D-U-N-S Number 0 3 0 6 0 3 7 8	
3. Applicant's T-I-N 9 5 - 1 8 9 3 4 1 7	700
	7. Is the applicant delinquent on any Federal debt?Yes _X_NoYes, *attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4	В (п тес, винси ил ехрининоп.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: John F. Brewster	B - Local G - Public College or University
Address 950 West Highland	C - Special District H - Private, Non-profit College or থকাverগ্ৰাম
	D - Indian Tribe I - Non-profit Organization
Santa Ana, CA 92703 City 714 542 7212 State Zip code + 4	E - Individual J - Private, Profit-Making Organization
Tel. #: (714) 543-7212 Fax #: (714) 543 - 461	K - Other (Specify):
E-Mail Address: johnbrew@pacbell.net	
application information	
Type of Submission: -PreApplication -Application	12. Are any research activities involving human subjects planned at
Construction Construction	any time during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.)
Non-Construction X Non-Construction	· · · · · · · · · · · · · · · · · · ·
 Is application subject to review by Executive Order 12372 process X Yes (Date made available to the Executive Order 12372 process for review): 07 f 04 	12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):
No (if 'No,' check appropriate box below.)	No (Provide Assurance #):
Progrem is not covered by F.O. 12972	13. Descriptive Title of Applicant's Project.
Program has not been selected by State for revi	Mentoring Program for Students in Subst-
Proposed Project Dates: 10/01/04 09/30/05 Start Date: End Date:	
About 1 feet 1	tute Care or At Risk
timated Funding Authorized Repres	sentative Information
a. Federal \$ 200,000 .00 and correct. Th	ny knowledge and bellef, all data in this preapplication/application are true
	ne document has been duly authorized by the governing body of the applicant and will-comply with the attached assurances if the assistance is awarded.
State \$, 00 a, Authorized Repre	esentative (Please type or print name clearly)
Local 5 On John F. Br	rewster
	dent/CEO
Program Income \$	5437212 Fax#:(714) 543 - 4613
d. E-Mail Address:	10hnbrew@pacbell.net
TOTAL 8 200,000 .00 e. Signature of Auti	horized Representative
	Sourts Date: 7,9,04



U.S. Department of Education

Applicant Information	
1. Name and Address	Organizational Unit
Legal Name: Pittsburg Pre-School and Community Council	
Address: 1760 Chester Drive	
Pittsburg City	CA Contra Costa County 94565 - State County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 3 1 6 0 3 0 6 0	6. Novice Applicant Yes No
3. Applicant's T-I-N 9 4 - 2 1 5 6 3 1 0 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	7. Is the applicant delinquent on any Federal debt? Yes No (If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs	(II les, attach all explanation)
Tile: Methoring Frograms	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Frances Greene Address: 1760 Chester Drive Pittsburg CA State 2IP Code + 4 Tel. #: (925) 439-2061 Fax #: (925) 432-7473	A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify):
E-Mail Address: jeanette@ppscc.org.	
—PreApplication —Application —Application — Construction — Construction — Non-Construction — Non-Construction — STATE CLEARING H 10. Is application subject to review by Executive Order 12372 process? ✓ Yes (Date made available to the Executive Order 12372 process for review): 7/6/2004 — No (If "No," check appropriate box below.) — Program is not covered by E.O. 12372. — Program has not been selected by State for review. — Start Date: End Date:	Yes (Go to 12a.) ✓ No (Go to item 13.)
11. Proposed Project Dates: 8/1/2004 7/31/2005	
Estimated Funding Author	ized Representative Information
14a. Federal \$ 161,163.00 correct. The	of my knowledge and belief, all data in this preapplication/application are true and ne document has been duly authorized by the governing body of the applicant and ant will comply with the attached assurances if the assistance is awarded.
0.00 1	d Representative (Please type or print name clearly.)
c. State \$ 0.00 Frances	Greene
d. Local \$ 0.00 b. Title Ex	ecutive Director
e. Other \$ 0.00 c. Tel.#:((925) 439-2061 Fax #:(925) 432-7473
f. Program Income \$ 0.00	dress: jeanette@ppscc.org
	of Authorized Representative Date: 7/6/2004



U.S. Department of Education

Name and Address	Ji mation		Organizational Unit	
	outh Development Program			
Address: 2607 My	rtle Street			
Oakland		CA	Alameda	94607 - 3415
City		State	County	ZIP Code + 4
2. Applicant's D-U-N-S I	Number 0 7 4 5 1 4	2 0 4 6. Novice Appli	cant Yes No	
3. Applicant's T-I-N 3			nt delinquent on any Federal deb ach an explanation.)	t? Yes V No
4. Catalog of Federal Dor		8 4 B (If "Yes," att	acii aii expianation.)	
Title: Fireseed Mento	oring Program	8. Type of Appl	icant (Enter appropriate letter in	the box.)
5. Project Director: Mic		A State	G Public College o	
Address: 2607 Myrt		B Local C Special Di		ofit College or University
Oakland City		07 - 3415 IP Code + 4 D Indian Tril	•	laking Organization
•		E Individual	K Other (Specify):	
Tel. #:(510) 815-69		F Independe District	nt School	
E-Mail Address: mich	naelmae@msn.com			
Application Ir	nformation			
9. Type of Submission:	HECEI		arch activities involving human sub oposed project period?	ojects planned at any time
—PreApplication	—Application JUL 0 (9 2004		
Construction	Construction	Yes (Go	to 12a.) Vo (Go to item	13.)
Non-Construc	Non-Construction STATE CLEAR		I the research activities proposed ne regulations?	designated to be exempt
' 	o review by Executive Order 12372 p	process?	Provide Exemption(s) #):	
	ade available to the Executive Orde	er 123/2	rovide Assurance #):	
process f	or review): 7/7/2004		itle of Applicant's Project:	
No (If "No,"	' check appropriate box below.)	Fireseed Ment		
Program	n is not covered by E.O. 12372.			
Program	n has not been selected by State for re	eview.		
	Start Date: En	d Date:		
1. Proposed Project Dates	:: 8/1/2004 7/3	31/2005		
Estimated Fund	ding	Authorized Repre	sentative Informat	ion
14a. Federal		15. To the best of my knowledge an		on/application are true and
b. Applicant	\$ 16,730.00		the attached assurances if the assi-	
c. State	\$.00	Michael Evans	31 1 37	
d. Local	\$.00	b. Title Executive Director		
e. Other	\$.00	c. Tel.#:(510) 815-6975	Fax #:(510) 9	64-0586
f. Program Income	\$.00	d. E-Mail Address: michaelng	ae@msn.com	
g. TOTAL	\$ 216,716.00	e. Signature of Authorized Re	presentative	Date: 6/25/2004
g. 101AL	<u> </u>	c. orginature of Mathorized Ne	Prosentative	



U.S. Department of Education

Applicant Information	
Name and Address Legal Name: Seven Tepees Youth Program	Organizational Unit
Address: 3177 - 17th Street	
, tudi 635.	
San Francisco City	CA San Francisco 94110 - 1332 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 1 5 0 1 5 7 7 3	6. Novice Applicant Yes No
3. Applicant's T-I-N 9 4 - 3 2 3 1 0 5 9 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	7. Is the applicant delinquent on any Federal debt? Yes Vo No (If "Yes," attach an explanation.)
Title: Seven Tepees Mentoring Program	(ii res, attach an explanation)
Tide. Seven repees wientoring riogram	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Diane Dodge	A State G Public College or University
Address: 3177 - 17th Street	B Local H Private, Non-Profit College or University
San Francisco CA 94110 - 1332	C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization
City State ZIP Code + 4	E Individual K Other (Specify):
Tel. #: (415) 522-1550 Fax #: (415) 522-1551	F Independent School
E-Mail Address: ddodge@7tepees.org	District
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time
—PreApplication —Application	during the proposed project period?
Construction	Yes (Go to 12a.) Vo (Go to item 13.)
Non-Construction Non-Construction	
_	12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive Order 12372 process?	
Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review): 7/7/2004	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project ECEIVED Seven Tepees Mentoring Programme ECEIVED
Program is not covered by E.O. 12372.	JUL 0 9 2004
Program has not been selected by State for review.	JOE 0 () 2001
Start Date: End Date:	STATE CLEARING HOUSE
11. Proposed Project Dates: 8/1/2004 7/31/2005	STATE OFFICIAL OFFI
Estimated Funding Authori	zed Representative Information
16. To the best	of my knowledge and belief, all data in this preapplication/application are true and
14a. Federal \$ 105,865.00 correct. The the application of the applicat	ne document has been duly authorized by the governing body of the applicant and not will comply with the attached assurances if the assistance is awarded.
b. Applicant \$ 25,536.00 a. Authorized	Representative (Please type or print name clearly.)
c. State \$.00 Diane Do	odge
d. Local \$.00 b. Title Exe	ecutive Director
e. Other \$.00 c. Tel.#:(4	415) 522-1550 Fax #: (415) 522-1551
f. Program Income \$.00	tress: ddotdge@7tepecsorg
g. TOTAL \$ 131,399.00 e. Signature	of Authorized Representative Date: 7/2/2004

STATE CLEARING HOUSE

RIAWARD #: Q187BD46211

Application for Federal Education Assistance

U.S. Department of Education Form Approved OMB No. 1875-0106 Exp.

Anni	licant	infor	manti	mir.
69314	шши		1111111	ш

I Name and Address

Legal Name: Julian Union High School District

Address: 1656 Highway 78

Julian City

CA State

184B

District Office

Organizational Unit

San Diego County

92036 -ZIP Code + 4

2. Applicant's D-U-N-S Number

122974749

3. Applicant's T-I-N

912142024

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

5. Project Director: Craig VanHouten Address: 981 Vale Terrace Dr.

Vista City

State

92084 7TP Code + 4

Tel. #: (760) 630-3200

Fax #: (760) 630-5323

E-Mail Address: ovanhouten@eaglespeak.org

7.1s the applicant delinquent on any Federal debt? (if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

Novice Applicant N/A

G Public College of University

B Local C Special District

H Non-Profit College or University I Non-Profit Organization

D Indian Tribe

E Individual

J Private, Profit-Making Organization

K Other (Specify):

F Independent School District

Application Information

9. Type of Submission:

-Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item

12n. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/07/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

REV. 11/12/99

Start Date:	End Date:
09/01/2004	08/31/2007

13. Descriptive Title of Applicant's Project; Enhancing "Success Path" Thinking of K-8 Students Through Mentoring for Increaded Academic Achievment & Life-long Learning Skills

l 4a. Foderal	\$	155,853	.00
b. Applicant	s	0	.00
c. State	\$	0	.00
d. Local	5	0	.00.
e. Other	\$	0	.00
f. Program Income	\$	o	.00.
g. TOTAL	\$	155,853	.00

- Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances in the assistance is awarded. Typed Name of Authorized Representative
 - Julie A Macy

b. Title

Director of Finance

c, Tel. #: (760) 765-0606

Fax#: (760) <u>765-2926</u>

d. E-Mail Address: jmacy@sdcoc.nct

e. Signature of Authorized Representative

ED 424

http://e-grants.ed.gov/e-App/viewforms/eaF424v2 View.asp?EntId=260565&InstId=16168...

Application for Federal Education Assistance (ED 424)	U.S. Department of Education Form Approved OMB Nr. 1875-0106 Exp. 11/30/2004		
Applicant Information 1. Name and Address Catholic Big Brothers Big Sister Legal Name:	8 2004 Organizational Unit		
Address: 3300 W. Temple Street			
Audicos.			
Los Angeles	CA Los Angeles 90026-4501 State County ZIP Code + 4		
z. Applicant's O-U-N-S Number [1 6 5 1 3 4 9 4 1	6. Novice Applicant X Yes No		
3. Applicant's T-I-N [9.5] - 1 6 9 0 9 7 2 4 4 B	7. Is the applicant delinquent on any Federal debt? Yes No (If "Yes," attach an explanation.)		
Mentoring Programs Office of Safe and Drug Free Schools	8. Type of Applicant (Enter appropriate letter in the box.) LK		
Sare and Drug Free Schools Street Rosario Delgaditio	F - Independen: School District B - Local G - Public College or University C - Special District University D - Indian Tribe E - Individual I - Private, Prolit-Making Organization K - Other (Specify): Faith Based/Non-Profit		
E-Mail Address: rdelgadillo@catholicbigbrother: Application Information 9. Type of Submission:	S.Org 12. Are any research activities involving human subjects planned at		
-PreApplication -Application Construction Construction Non-Construction X Non-Construction	any time during the proposed projec: period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designated to be		
10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): 7 12 / 04	exempt from the regulations? Yes (Provide Exemption(s) #):		
No (If "No," check appropriate box below.)	ivo (Provide Assurance #):		
Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project		
11. Proposed Project Dates: 10 , 1 , 04 9 ,30 , 07	Northwest Pasadena Mentoring Program		
Start Date: End Date:			
Estimated Funding Authorized Representation 15. To the best of my kind of the best of the b	ative Information nowledge and belief, all data in this preapplication/application are true		
110 222	ocument has been duly authorized by the governing body of the applicant		
b. Applicant \$ and the applicant w	vill comply with the attached assurances if the assistance is awarded.		
Vonnoth E	tative (Please type or print name clearly.) . Martinet		
Q. LOCAL S	ent/CFO		
	1 -9800 Fax #: £13) 251 - 9855		
	artinet@catholicbigbrothers.org		
g. TOTAL \$ 135,032 .00 a. Signature of Author	•		

Application for Federa Education Assistance



Note: If available, please provide application package on diskette and specify the file format

U.S. Department of Education

1. Name and Address	
Legal Name: San Bernardino County Superintendent of Schools	Organizational Unit
Address: 601 North E Street	
San Bernardino, CA	San Bernardino County 92410 - 3093
City	
2. Applicant's D-U-N-S Number: 1 8 4 1 1 2 2 7 1 1	6. Is the applicant delinquent on any Federal debt? Yes XNo
3. Applicant's T-I-N 9 5 - 6 0 0 0 9 3 1	(If "Yes," attach an explanation.)
	Title: Mentoring Program
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	•
Section 1 Sectio	
5. Project Director: Julian Weaver	7. Type of Applicant (Enter appropriate letter in the box.) N
Address: SLPP FYS 601 North E Street	A - State H - Independent School District B - County I - Public College or University
San Bernardino CA. 92410 3093 City State Zip code 7 4	C - Municipal J - Private, Non-Profit College or University D - Township K - Indian Tribe
Tcl. #: (909) 386 - 2902 Fax #: (909) 386 - 2940	E - Interstate L - Individual
E-Mail Address: julian weaver@sbess.k12,ca.us	F - Intermunicipal M - Private, Profit-Making Organization G - Special District N - Other (Specify):
Z TALL WELVEL (W3DC33, K12, ta.us	
Application Information	8. Novice Applicant <u>N/A</u> Yes No
9. Type of Submission:	12. Are any research activities involving human subjects planned at
-PreApplication -ApplicationConstruction Construction	any time during the proposed project period? Yes X No a. If "Yes," Exemption(s) #: b. Assurance of Compliance #:
Non-ConstructionX Non-Construction	a. 11 Yes, Exemption(s) #. 0. Assurance of Compliance #:
10. Is application subject to review by Executive Order 12372 process?	OR
X Yes (Date made available to the Executive Order 12372	c. IRB approval date: Full IRB or
process for review): <u>07 / 07 / 2004</u>	Expedited Review 13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	
Program has not been selected by State for review.	Students Need A Promise (SNAP)
11. Proposed Project Dates: 10 / 01 / 04 09 / 30 / 07	JUL 8 2004
Start Date: End Date:	lood food
Estimated Funding	etate of Eadimo Hol
	stative Information STATE CLEARING HOL
15. To the best of my know	vledge and belief, all data in this preapplication/application are true
15. To the best of my know and correct. The docum	vledge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant
15. To the best of my know and correct. The docume b. Applicant \$	vledge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded.
15. To the best of my know 14a. Federal \$ 703,480 . 00 and correct. The docum b. Applicant \$.00 and the applicant will of c. State \$.00 a. Typed Name of Authorize	vledge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded.
15. To the best of my know 14a. Federal \$ 703,480 .00 and correct. The docum b. Applicant \$.00 and the applicant will of c. State \$.00 a. Typed Name of Authorized d. Local \$.00 Janice O'Rourke c. Other \$.00 b. Title: Program Management	viedge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded. ted Representative
15. To the best of my know 14a. Federal \$ 703,480 .00 and correct. The docum b. Applicant \$.00 and the applicant will of c. State \$.00 a. Typed Name of Authorized d. Local \$.00 Janice O'Rourke c. Other \$.00 b. Title: Program Management	viedge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded. ed Representative
15. To the best of my know and correct. The docume b. Applicant \$.00 and the applicant will concern the second and the applicant will concern the docume of Authorized. Local \$.00 Janice O'Rourke concern the docume of Authorized. Local \$.00 Janice O'Rourke concern the second of Authorized conce	viedge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded. Representative
15. To the best of my know 14a. Federal \$ _703,480	wiedge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded. The entropy of the applicant comply with the attached assurances if the assistance is awarded. The entropy of the applicant comply with the attached assurances if the assistance is awarded. The entropy of the application are true and the applicant comply and the applicant complete and the applicant compl



U.S. Department of Education

Applicant Inform	atlon				Orga	anizational Unit
1. Name and Addi Legal Name: Y	ress 'outh Learn	ing & Cultur	al instit	tute		
. سادات ۵	4647 Er	nuitvale Avei	MA			
Addre	ess: 1642 Fi Oaklan City		lameda	95601 ZIP Code + 4	Lawrence	
2. Applicant's D-U	•	er [0 8 3 1	11 6	5 6 /YLCI_	6. Novice Applicant	YesNo
3. Applicant's T-I-					7. Is the applicant deling	uent on any Federal debt?Yes X_No ch an explanation.)
4. Catalog of Fed	eral Domest	ic Assistance	#. 84.	1 8 4 B	(" 165, and	on an experience
Title: Lowell M	liddle Schoo	ol Project Di	rector		8. Type of Applicant (En	ter appropriate letter in the box.) [1]
5. Project Direct	tor - Patrick	a Brooks			A - State	F - Independent School District
Address: 1642	2 Fruitvale A	√enue			B - Local C - Special District	G - Public College or University H - Private, Non-profit College or
Oaki		CA		94601	University) Alexander Consequence
City Tel.:	#: (510) 366	State -8850 F	ax#:(Zip code + 4 510) 923-1214	D - Indian Tribe E - Individual) - Non-profit Organization J - Private, Profit-Making Organization
		YLCI94@ao	.com		K - Other (Specify)	· [
Application Info	rmation				12. Are any research an	nivities involving numan subjects planned at
9. Type of Submi		-Applicat	ion		any time during the	proposed project period?
<i>-PreApplice</i> Constru			struction	n	Yes (Go to 12)	a.) X No (Go to item 13.)
	nstruction	X Non-C				
					12a. Are all the research activities proposed designated to be exempt from the regulations?	
10. Is application	subject to re	eview by Exe	cutive C	Order 12372 process?	exempt from Ves (Provide F	the regulations r Exemption(s) #):
		railable to the oview): 0 7/07/		tive Order 12372		
•					No (Provide A	ssurance #):
No (If	Progra	appropriate to m is not cove m has not be	red by	ow.) E.O. 12372. Icted by State for review.	13. Descriptive Title of A Lowell Middle Sch	Applicant's Project: col Mentoring Project
11. Proposed Pro	oject Dates:	10/1/04 Start Date	:	9/30/07 End Date:		
Estimated Fund	ling			Authorized Representative 15. To the best of my known	ve Information Medge and belief, all data in	n this preapplication/application are true
14a. Federal	\$ 654,13	35.00		and correct. The document	t has been duly authorized l	by the governing body of the applicant
b. Applicant	\$ 390,00	00.00		and the applicant will	comply with the attached as	ssurances if the assistance is awarded.
c. State	\$. 00	a. Authorized Representat	ive (Please type or print nar	me clearly.)
d. Local	\$		00	Patricia Brooks		
e. Other	\$ 150,00	00 00		b. Title: Executive Directo		
f. Program Incom	me \$		_, 00) Fax 维(510)923-1214	
				d. E-Mail Address: YLC194		
g. TOTAL	\$ 1,194,	135. 00		e. Signature of Authorize	/	7 - 86
				Patricia 1	South	Date: 7 / 7 / 09
						C B N W B D
					A STATE OF THE STA	And Andrews
					Control of the contro	7 2004
						JUL 7 2004 ED
					Gode V obstan	CLEADING HOUSE
					OIAIL	ULLANING HUUUL



U.S. Department of Education

Applicant Information	
1. Name and Address	Organizational Unit
Legal Name: Youth Policy Institute	
Address: 634 S. Spring Street	
Suite 818	C) (00014
Los Angeles City	CA Los Angeles 90014 - State County ZIP Code + 4
022210242	
2, Applicant's D-U-N-\$ Number 0 2 2 3 1 9 3 4 2	☐ 6. Novice Applicant ☐ Yes ☑ No ☐ No ☐ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
3. Applicant's T-J-N 5 2 - 1 2 7 8 3 3 9	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Dixon Slingerland	A State G Public College or University
Address: 634 S. Spring Street, Suite 818	B Local H Private, Non-Profit College or University
Los Angeles CA 90014 -	C Special District Non-Profit Organization
City State ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify):
Tel. #: (213) 688-2802 Fax #: (213) 688-2942	F Independent School
E-Mail Address: _dslingerland@ypiusa.org	District
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time
—PreApplication —Application	during the proposed project period?
Construction Construction	Yes (Go to 12a.) V No (Go to Item 13.)
Non-Construction Non-Construction	
	12a. Are all the research activities proposed designated to be exempt
10. Is application subject to review by Executive Order 12372 process?	from the regulations?
Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review); 7/7/2004	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project: High Expectations Learning Project (HELP)
Program is not covered by E.O. 12372.	1111 7 00
Program has not been selected by State for review.	
	jb 100
Start Date: End Date: 10/1/2004 9/30/2007	STATE CLEARING
TI. Plaposed Plajeck Dates.	rized Representative Information
15 Table b	
14a, Federal \$ 398,000.00 correct,	est of my knowledge and ballef, all data in this preapplication/application are true and The document has been duly authorized by the governing body of the applicant and
h Applicant t	cant will comply with the attached assurances if the assistance is awarded. Representative (Please type or print name clearly.)
a. Aution	Slingerland
L The	Executive Director
d. Local \$.00	SACOULTAC DIFFCUOI
e. Other \$.00 c. Tel.#:_	(213) 688-2802 Fax #; (213) 688-2942
f. Program Income \$.00	ddress: dslingerland@ypiusa.org
f. Program Income \$.00	
g. TOTAL \$ 598,000.00 e. Signetu	re of Authorized Representative Date: 7/7/2004



U.S. Department of Education

Applicant Information	
1. Name and Address Legal Name: OFFICE OF SAMOAN AFFAIRS	Organizational Unit
Address: 20715 S. Avalon Blvd. #200	
. 1	
City Carson	<u>CA</u> <u>LA</u> <u>90746</u> - State County <u>ZIP Code</u> + 4
2. Applicant's D-U-N-S Number 1 7 1 7 0 8 3 3 1	6. Novice ApplicantYesNo
3. Applicant's T-I-N 9 4 - 2 6 1 1 7 2 7	7. Is the applicant delinquent on any Federal debt?Yes _XNo
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	(If "Yes," attach an explanation.)
Title: "Samoan Urban Village Mentorship	8. Type of Applicant (Enter appropriate letter in the box.) $ \underline{I} $
Program for Youth"	A - State F - Independent School District
5. Project Director:June Pouesi	B - Local G - Public College or University
Address: 20715 S. Avalon Blvd. #200	C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization
Carson, CA 90746	E - Individual J - Private, Profit-Making Organization
City 310 538 0555 State Zip code + 4 Tel. #: (310) 538 - 0555 Fax #: (310) 538-1960	K - Other (Specify):
E-Mail Address:ipouesi@aol.com	
Application Information 9. Type of Submission: - PreApplication	 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) And No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: "Samoan Urban Village Mentorship Program for Youth grades 4 to 8."
Start Date: End Date: Estimated Funding Authorized Representative	
15. To the best of my know and correct. The docu b. Applicant \$00 and the applicant will contain the second	re Information violeties, all data in this preapplication/application are true vielde and belies, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded. We (Please type or print name clearly.)
Program Income \$00	0555 Fax #: (310) 538-1960
	pouesi@aol.com
JUL 7 2004 STATE CLEARING HOUSE	Date: 1/2/04



U.S. Department of Education

pplicant Informatio	on.			Organizatlonal Unit
	•		٢	1 st Generation Mentoring
	iopian Center for Pu			1 Generalied 1
Address: 6035 Ur	niversity Ave. Suite	35		7IP Code + 4: 92115
City: San D	•	County: 1	i .	211 3343
. Applicant's D-U-N	-\$ Number1_1_48!	3 9 1 1 0 9		be ApplicantX_YesNo
3. Applicant's T-I-N	<u> </u>	91_185	t to the applicant	delinquent on any Federal debt?Yesx_No s,"attach an explanation.)
 Catalog of Federa 	al Domestic Assistance #: 84	_184BI		(Citize appropriate letter in the box.)
Title: 1 st Genera	ation Mentoring		8. Type of Applica	ant (Enter appropriate letter in the box.)
<u>.</u>	Dr. Ahungena Alemayyehu 4082 Albatross St # 15 San Diego, CA 92105 Tel. #: (619)990	0806	A - State B - Local C - Special University D - Indlan T E - Individu	ribe I - Non-profit Organization al J - Private, Profit-Making Organization
	E-Mail Address: mclearning	J@Hotman.com		
	sion: Application	ing the second s	any time d	earch activities involving human subjects planned at uring the proposed project period?
-PreApplicationConstruct	tion Construction	on		Go to 12a.) _x_ No (Go to item 13.)
Non-Con	structionNon-Const	ruction	12a . Are a	all the research activities proposed designated to be mpt from the regulations?
10. Is application s	subject to review by Executive	Order 12372 process?	Yes (F	Provide Exemption(s) #):
X_Yes (D	Date made available to the Executes for review): _06/_24	/04		rovide Assurance #):
•	No," check appropriate box be Program is not covered by	low.)		Title of Applicant's Project: 1 St Generation
Mentoring	·	lected by State for review.		
11. Proposed Pro	ject Dates:09/_01/_ Start Date	200408/_30_		
Estimated Fundi		Authorized Represents	AMMICAGA SDO DANEL.	all data in this preapplication/application are true
14a. Federal	\$194, 767 . 00	the state of	ocument has been du	Jiv authorized by the governing body of the opposition
b. Applicant	\$0.00	and the applicant w	vill comply with the at	ttached assurances if the assistance is awarded.
c. State \$0 00		a. Authorized	40	. Ahungena Alemayyehu 82 Albatross St # 15 1 Diego, CA 92105
d. Local	\$ O. OO			
e. Other	\$ 0, 00	b. Title: Director of 1st	****	
f. Program Incor	me \$0.00	c. Tel. #: (616) _ d. E-Mail Address: mcl	lea/ning@hotmail.co	m = = = = = = = = = = = = = = = = = = =
g. TOTAL	\$194, 767. 00	e Signature of Autho	rided Representativ	JUL 7 2004
				CTATE PLEADING HOUSE
				DIMICUCARRIDINVOL

Application for Federal Education Assistance (ED 424)	JUL 7 20	04	U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information	ATE OF ABILIO		
Name and Address Legal Name: Korean American Family Service	ATE CLEARING	The same and the s	Organizational Unlt
Address: 3727 W. G th Street, Suito 509		**	
Los Angeles		<u>CA</u>	U.S.A 90020 - 5110
City		State	U.S.A 90020 - 5110 County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 8 5 1	14 8 4 9 5	6. Novice A	oplicant X YesNo
3. Applicant's T-I-N 9 5 - 3 8 9 9	1312191	7. is the an	plicant delinquent on any Fodoral debt?Yes _X_No
4. Catalog of Federal Domestic Assistance #: 84.		77 10 W/O WP	(If "Yas," attach an explanation.)
Title: Mentoring Program		B. Type of	Applicant (Enter appropriate letter in the box.) I/
5. Project Director: Chong- Goo (Peter) Chong- Go	90020 5110 Zip code + 4	Unive D - Ind E - Ind	cal G - Pubĺlc College or University pecial District H - Private, Non-profit College or
E-Mail Address:	n uction Order 12372 process? utive Order 12372 04 ow.) E.O. 12372. coted by State for review.	any tir Y N N	research activities involving human subjects planned at me during the proposed project period? es (Go to 12a.)X No (Go to Item 13.) Are all the research activities proposed designated to be exempt from the regulations? es (Provide Exemption(s) #):
Start Date:	End Date:	for_	Koreatown's Young People
Estimated Funding	Authorized Represents		iof, all data in this preapplication/application are true
14a. Federal \$174,880, 00	-	_	n duly authorized by the governing body of the applicant
b. Applicant \$, 00			attached assurances if the assistance is awarded.
s. State \$00	a. Authorized Represent		
d. Local 810,800 00		oo (Peter) Cha	
e. Other \$ DO	b. Tille:	Exe	cutive Director
f. Program Income \$00	c. Tel. #: (213)6		Fax #: (213) 389 - 5172
	d. E-Mall Address:		rcx4 hammati,ner
g. TOTAL \$185,680 00	e. Signature of Authori		

⁽³⁾ Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior that is not exempt under section (2) above, if the human subjects are elected or appointed public officials or candidates for public office;

			211 🕰	, Department of Education
Application	n for Fede	eral		Form Approved OMB No. 1875-0106
Education	A ssistance	(ED)424)	GEWED	Exp. 11/30/2004
Applicant Infor	mation		the state of the s	
Name and Address Legal Name: Young M.	en's Christian Associati Euclid Street	ion of Anaheim	UL 8 200 rganizational Unit	
Anaheim Clty		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ca Orange State County	92802 - 1047 ZIP Code + 4
2. Applicant's D-U-N-S N	umber 0 3 0 5	8 4 2 4 7	6. Novice Applicant Yes No	
Applicant's T-I-N 9 Catalog of Federal Dom	5 - 1 7 0 9	2 9 9 1 8 4 B	 Is the applicant definquent on any Federa (If "Yes," attach an explanation.) 	I debi? Yes V No
Title: GoalGetters			8. Type of Applicant (Enter appropriate let	ter in the box.)
5. Project Director: Dcb Address: 240 South Anaheim City Tel. #: (714) 635-96	Ca State Ca State Ca Ca Ca Ca Ca Ca Ca C	92802 - 1047 ZIP Code + 4 14) 239-2047	A State G Public Col B Local H Private, No C Special District I Non-Profil	lege or University on-Profit College or University Organization ofit-Making Organization
E-Mail Address: diau	ch@anaheimymca.org			(P)
Application Ir	nformation			white are planted at any time
9. Type of Submission:			12. Are any research activities involving hurr during the proposed project period?	Isili 2007 Secret biginess activity anno
—PreApplication Construction Non-Construction 10. Is application subject	to review by Executive Of	truction der 12372 process?		
	ade available to the Exec	cutive Order 12372	No (Provide Assurance #):	
No (If "No,	for review): 7/7/2004 " check appropriate box m is not covered by E.O. 1 Im has not been selected by	2372.	13. Descriptive Title of Applicant's Project: GoalGetters Hispanic Mentoring Prog mentoring program operating in a 5 d afterschool program that is designed t Hispanic students' academic, social at	ram: A collaborative ay a week, year round o increase greatest needs
Progra	man in the interest of the control o	End Date:		
11. Proposed Project Date	Start Date: 10/1/2004	9/30/2007		
Estimated Fur	remain and of the control of the con	Autho	rized Representative Infor	mation
14a, Federal	\$ 427,524	.00 correct	est of my knowledge and belief, all data in this prea The document has been duly authorized by the go licant will comply with the attached assurances if	verning body of the applicant and
b. Applicant,	\$ -0-		ized Representative (Please type or print name of	
c. State	\$ -0-	.00 Todd	Ament	
d. Local	s <u>-0</u> -	.00	Chief Operations Officer	/m. A) /35 0151
e. Other	\$ -0-	.00 c. Tel.#:,	A CONTRACTOR OF THE CONTRACTOR	(714) 635-8151
F. Program Income	\$ -0-	.00 d. E-Mail	Address: toddament@anaheimymca.org	
a TOTAL	427,524	0.00 c. Signal	ture of Authorized Representative	Date: 7/7/2004



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

pplicant Information				Organizational Unit
Name and Address				
Legal Name: Napa Cou	unty Office of Education			
Address: 2121 Imola A	venue		n	
Nana		CA	Napa	<u>94559</u> - <u>3625</u>
<u>Napa</u> City		State	County	ZIP Code + 4
. Applicant's D-U-N-S N	umber <u>8 7 6 </u>	9 4 7 3 4 2	6. No	vice ApplicantYes _xNo
. Applicant's T-I-N 9	4 - 6 0 0 2	4 0 6		nt delinquent on any Federal debt?Yes <u>x</u> No /es," attach an explanation.)
. Catalog of Federal Dor	mestic Assistance #: 84.	1 <u> 8 4 B</u>		
Title: Mentori	ng Programs	ECEIVED		icant (Enter appropriate letter in the box.) B F - Independent School District
. Project Director: Barba	ıra Nemko	JUL 0 8 2004		G - Public College or University Il District H - Private, Non-profit College or
Address: 2121 Imola			University D - Indian E - Individ	Tribe I - Non-profit Organization
Napa City	State	TE CLEARING HOUSE Zip code + 4	K - Other	, , , , , , , , , , , , , , , , , , , ,
Tel. #: (707)2	53-6810 Fax #: (70	17) 255-2150		
E-Mail Address:	bnemko@ncoe.k12.ca.	us		
Application Information Type of Submission: -PreApplication Construction	-Application Constructi		any time o	search activities involving human subjects planned a during the proposed project period? Go to 12a.)x_ No (Go to item 13.)
Non-Constructi	on <u>x</u> Non-Cons	truction	12a. Are	all the research activities proposed designated to be
0. Is application subject	to review by Executive	Order 12372 process?	exe	mpt from the regulations? Provide Exemption(s) #):
x Yes (Date ma	ade available to the Exector review): 7 / 6 / 2	cutive Order 12372 2004		
*			No (F	Provide Assurance #):
Pr	check appropriate box be ogram is not covered by	E.O. 12372.	13. Descriptive	Title of Applicant's Project:
Pr	ogram nas not been selt	ected by State for review.	Na	pa County Mentoring Project
Proposed Project Da	tes: 9 / 1 /2004 Start Date:	8 / 30 / 2007 End Date:	***	
Estimated Funding			wledge and belief,	all data in this preapplication/application are true
I4a. Federal \$_	193 , 821 00			ly authorized by the governing body of the applicant
o. Applicant \$_	. 00	• •		tached assurances if the assistance is awarded.
s. State \$. 00	a. Authorized Represental	tive (<i>Please type or</i>	print name clearly.)
i. Local \$_	00	Barbara Nemko		
. Other \$_	. 00	b. Title: Superintendent		
f. Program Income \$_	. 00	c. Tel. #: (707) <u>253</u>	<u>- 6810</u> Fa:	x #: (707) <u>253 - 2156</u>
		d. E-Mail Address:		12.ca.us
g. TOTAL \$_	193,821 . 00	e. Signature of Authorize	@10	
		Drakana) Hember	Date:6/1/2004



U.S. Department of Education

Applicant Information			Organizational Unit
Name and Address Legal Name: <u>Assisistance League of Southern California</u>			Volunteer Center of Los Angeles
Address: 8134 Van Nuys Blvd. #200			
		_ `	
Panorama City	- CA		
City	<u>CA</u> State	Los Ang County	
2. Applicant's D-U-N-S Number 0 7 4 1 3 6 8 4	7_ 6. Novi	ce Applica	untYes _X_No
3. Applicant's T-I-N [9 5 - 1 6 4 1 9 6 0			delinquent on any Federal debt?Yes X No
4. Catalog of Federal Domestic Assistance #: 841_8_ 4 I	(If "}	Yes,'' attac	h an explanation.)
	The state of the s	of Applica	ant (Enter appropriate letter in the box.) I
5. Project Director: Jim Leahy, Executive Director JUL 0	8 2004 B-	- State - Local - Special Dis	F - Independent School District G - Public College or University strict H - Private, Non-profit College or University
Address: 8134 Van Nuys Blvd. #200	ARING HOUSE	- Individual	J - Private, Profit-Making Organization
Panorama City CA 91402 4818 City State Zip code + 4	K -	- Other (Spe	ecify):
Tel. #: (818) 908 - 5068 Fax #: (818) 908 - 5	147		
E-Mail Address:jimleahy@vcla.net			
Application Information			
9. Type of Submission: -PreApplication Construction Non-Construction X Non-Construction	any	y time duri	rch activities involving human subjects planned at ing the proposed project period? to 12a.) No (Go to item 13.)
10. Is application subject to review by Executive Order 12372 process X Yes (Date made available to the Executive Order 12372 process for review): 07/06 / 2004	ss?	exemp	the research activities proposed designated to be t from the regulations? wide Exemption(s) #):
	_X	No (Pro	vide Assurance #): None
No (if "No," check appropriate box below.) Program is not covered by E.O. 12372 Program has not been selected by State for revi	13. Des	criptive Ti	tle of Applicant's Project:
11. Proposed Project Dates: 10/01/2004 09/30/2007 Start Date: End Date:	Mad	dison Com	munity Collaborative Mentoring Program
Estimated Funding Authorized Re 15. To the best of	epresentative Ir my knowledge and	nformati I belief, all	ion data in this preapplication/application are true
			uthorized by the governing body of the applicant
b. Applicant \$00 and the applic	ant will comply wi	ith the attac	ched assurances if the assistance is awarded.
c. State \$00 a. Authorized Repr			
d. Local \$ 00 Pat Spears			
e. Other \$00 b. Title:Preside			
f. Program Income \$ 00 c. Tel. #: (323) 469 - 1	<u>1973</u> Fax #	t: (323 <u>) 469 - 3533</u>
d. E-Mail Address:	:pspears@assi	istanceleag	<u>ue.net</u>
g. TOTAL \$ 599,899 . 00 e. Signature of Au	uthorized Represen		f. 30 000

Authorized for Local Reproduction

APPLICATION FOR		2. DATE SUBMITTED		Andiensi Idor	Version 7/0
FEDERAL ASSISTANCE		June 16, 2004		Applicant Ider	unier .
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier
Non-Construction	Non-Construction			NA04NOS419	90176
5. APPLICANT INFORMATION					
Legal Name:		•	Organizationa Department:	I Unit:	
City of Goleta			City Manager's	Office	
Organizational DUNS: 121312131	DEO		Division:		
Address:	111155			phone number of þe application (give are	rson to be contacted on matters
130 Cremona Dr., Ste. B	Common Co	And the second s	Prefix:	First Name:	
City: Goleta	JUN JUN	2 4 2004	Middle Name Jean		
County: Santa Barbara			Last Name Frey		
State: CA	Zip Code TE CLE	ARING HOUSE	Suffix:		
Country: USA	And the second control of the second control		Email: přrey@cityofgo	eleta.org	4 11,5 40
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
77-0590291			(805) 961-7506	i	(805) 885-2635
8. TYPE OF APPLICATION:			7. TYPE OF AF	PLICANT: (See bac	k of form for Application Types)
⊠ New	Continuation	Revision	c		•
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)		Other (specify)		
Other (specify)			2. NAME OF FI Department of	EDERAL AGENCY: Commerce	•
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
	•	1 1-4 1 9	Ellwood Mesa	Acquisition	
TITLE (Name of Program):					
Coastal Zone Management Adm 12. AREAS AFFECTED BY PRO		States etc.):	-		
University of California, Santa Ba	, ,	,			
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	
Start Date:	Ending Date:		a. Applicant		b. Project
October 1, 2004 15, ESTIMATED FUNDING:	September 30, 2005		California - 23rd		California - 23rd REVIEW BY STATE EXECUTIVE
		UD	ORDER 12372 J	PROCESS?_	VAPPLICATION WAS MADE
я. Federal \$		791,582 [*]			ATE EXECUTIVE ORDER 12372
b. Applicant \$			PR	OCESS FOR REVIEV	VON
c. State \$		791,582	DA ⁻	TE: June 24	1,2004
d. Local 5		, oc	b. No. 🔲 PR	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$ Private				PROGRAM HAS NOT R REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$, pc			NT ON ANY FEDERAL DEBT?
g. TOTAL 5		1,583,164	☐ Yes If "Yes"	attach an explanation	ma.a
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	NUTHORIZED BY THE	SOVERNING BODY OF T	LICATION/PREA HE APPLICANT	APPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative	IL NOOICIANOZIOAI				
Prefix Mr.	First Name Frederick			Alddle Name Charles	
Last Name Stouder				Suffix	
p. Title City Manager				:. Telephone Number ((805) 961-7501	(give area code)
d. Signature of All orized Review	tive	Ast	. 6	e. Date Signed	(b/2004
Previous Edition Usable Authorized for Local Reproduction		- W		4.	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1.6%	tawan ka mena salitasi		OMB Approval No. 0348-0043
APPLICATIO			2. DATE SUBMITTED		Applicant Identifier	
FEDERAL AS	SSISTANCE		June 28	, 2004	N/A	
1. TYPE OF SUBMIS	SION		3. DATE RECEIVED BY	STATE	State Applicant Identifier	
Application	Prea	pplication			N/A	•
Construction	1	onstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	/^
Non-Constructi		an-Construction			. 1%	/A
5. APPLICANT INFO	RMATION	•				
Legal Name: Murric	cta, City of			Organizational Unit:	Police Departm	nent
Organizational DUNS: #007947307		Division:	Support Divisi	on		
Address (give city, county, state, and zip code):		Name and telephone	number of person to be contacted	on matters involving this		
24701 Jeff	erson Avenue			application (give area code)		
			R R I W	Name:	in(s) Steve Porter	& Mike Payne
Murrieta,	CA 92562	The second secon	<u> </u>	Phone: (909)		
6. EMPLOYER IDEN		BER (EIN):	JUN 25 2004	7. TYPE OF APPLI	CANT: (enter appropriate letter it	box) C
	330468975			A. State	H. Independent School D	ist.
A TOPE OF APOLIO	. Tall	The British of American	and the local control of the same of the s	B. County	State Controlled Insti	itution of Higher Learning
8. TYPE OF APPLIC,	ATION:			C. Municipal D. Township	J. Private University K. Indian Tribe	
	₩ New	☐ Continuation	☐ Revision	E. Interstate	L. Individual	
				F. Intermunicipa	al M. Profit Organization	
If Revision, enter appr	ropriate letter(s) in	box(es):		G. Special Distr	ict N. Other (Specify)	
A. Increase Award		*	Increase Duration			
D. Decrease Dural	ion Other (s	epecify):	•	9. NAME OF FEDE		_
				Office	Department of Justice of Community Oriented Pol	
				U))ICE	of Community Oftened For	icing services
10. CATALOG OF FE	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJEC	т:	
1 6 7 1 0						
TITLE: 2004 Technology Initiative			Mobile Dat	a ComputerTerminal	s in vehicles	
12. AREAS AFFECTED BY PROJECT (2004, counties, states, etc.):						
Cities						
13. PROPOSED PRO	NECT:	14. CONGRESS	IONAL DISTRICTS OF	:		
Stert Date	Ending Date	a. Applicant		b. Project		
1/23/2004	1/22/2005	43		43		
		43		43		
15. ESTIMATED FUN	IDING:			16. IS APPLIC	CATION SUBJECT TO REVIEW B	Y STATE EXECUTIVE
a. Federal	5		197895.00	ORDER 12	2372 PROCESS?	
				a, YES. TH	IIS PREAPPLICATION/APPLICAT	ION WAS MADE
b. Applicant	\$.00.		VAILABLE TO THESTATE EXECU ROCESS FOR REVIEW ON:	TIVE ORDER 12372
c. State	s		.00		ATE 6/25/04	
d. Local	5	\$ 217,905.00			0 V F O 40070	
e. Othor	5	b. NO. PROGRAM IS NOT COVERED BY E.O. 12372				
f. Program Income	5		~		FOR REVIEW	
	1,		.00	<u> </u>	PLICANT DELINQUENT ON ANY	FEDERAL DEBT7
g. TOTAL	\$		415,800 .00		If "Yes," attach an explanation,	XXXII No
18. TO THE BEST OF M BY THE GOVERNING BO	Y KNOWLEDGE AND DDY OF THE APPLIC	D BELIEF, ALL DATA I	IN THIS APPLICATION/PR	EAPPLICATION ARE TRI HITHE ATTACHED ASSU	UE AND CORRECT. THE DOCUMENT FRANCES IF THE ASSISTANCE IS AWA	MAS BEEN DULY AUTHORIZED ARDED.
a. Typed Name of Au	·	lative	b. Title	City Mana		c. Telephone number 909-461-6010
	d. Signature of Authorized Representative c. Date Signed					
1 0/		10				6.25.04
1 Con	Stor 91 (mbleti					



U.S. Department of Education

Applicant Inf 1. Name and Add	ormation			Organizational	Unit
Legal Name: Address:		s, Inc San Joaquin Valley 9		SER-Jobs For	Progress, Inc.
	Fresno City	•	<u>CA</u> State	<u>Fresno</u> County	937274284 ZIP Code + 4
2. Applicant's D-l	U-N-S Number <u>0 4 7</u>	9 0 2 1 9 7	6. Novice Applie	antYes	<u>X</u> No
3. Applicant's T-I	-N 9 4 - 2 1 8	8 6 0 9 1			y Federal debt? Yes X No
	eral Domestic Assistance #:		(If "Yes," atta	ch an explanation.) Yes X No
Title: <u>Mentori</u>	Parameter Control		8. Type of Appli		riate letter in the box.) <u>I</u> dent School District
	: Michael Jimenez	JUL 7 2004	B - Local C - Special D D - Indian Tr	G - Public C sistrict H - Private,	College or University Non-profit College or University fit Organization
Address: Fresno City Tel. #: (559) 452	407 S. Clovis, Suite 100 CA— State 2-0881 Fax #: (559) 45	10 0 12 A A A A A A A A A A A A A A A A A A	E - Individua K - Other (Sp	J - Private, I	Profit-Making Organization
E-Mail Address	:: mikejser@sbcglobal.net				
X (Date ma	sion: on -Application ion Construct	truction ve Order 12372 process? e Order 12372 / _04_ below.)	any time dur Yes (Go 12a. Are all exemp Yes (Pro No (Pro	to 12a.) X No the research activity from the regulation (s) vide Assurance #):	(Go to item 13.) ties proposed designated to be ons? #):
	Program has not been sel	ected by State for review.		tle of Applicant's I	Project:
1. Proposed Projec		09 / 30 / 07 Cnd Date:	SER-M	entoring Program	
Estimated Fund	ding	Authorized Represen	tative Informati	on	
4a. Federal	Ø 170 750 07	15. To the best of my know	ledge and belief, all	data in this preapp	lication/application are true
	\$ <u>173,560</u> . 00	and correct. The docum	nent has been duly a	ithorized by the go	verning body of the applicant
• •	\$00 \$00	and the applicant will c	comply with the attac	thed assurances if t	he assistance is awarded.
		a. Authorized Representativ		int name clearly.)	
	\$ 00 \$ 00	REBECCA MEN			
	\$00	b. Title: EXECUTIVE D			
G	00	c. Tel. #: (559) <u>452-0881</u>		50) <u>452</u> - <u>8038</u>	
. TOTAL	\$173,560.00	d. E-Mail Address: becki.n			
>	\$173,560.00	e. Signature of Authorized			
/offices/OCFO/I	lumansub.html	Tedus m	2006-6		Date: 07 / 07 / 04

PR/Award Mer: Q184Bq 4d 196

Application for Federal

U.S. Department of Education Form Approved OMB No. 1875-0106 Exp

Edûcation Assistance

Applicant Information

| Name and Address Legal Name: Jewish Family Service of San Diego Address: 3715 Sixth Avenue

San Diego City

<u>CA</u> State

072496086 2. Applicant's D-U-N-S Number

4. Catalog of Federal Domestic Assistance #:

3. Applicant's T-J-N

tandard Face Sheet

951644024

5. Project Director: Yve Skeet

Address: Lewish Family Service of San Diego 3715 Sixth Aven

San Diego City

State

92103 ZIP Code + 4

Tel. #: (619) 291-0473

Fax #: (619) 291-2419

E-Mail Address: yves@jfssd.org

Organizational Unit

Parenting and Youth Services Division

San Diego County

92103 -ZIP Code + 4

6. Novice Applicant N/A

Mentoring Programs

7.Is the applicant delinquent on any Federal debt? (if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

G Public College or University

B Local C Special District

H Non-Profit College or University I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School District

Application Information

9. Type of Submission:

-- Application

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/07/2004

11. Proposed Project Dates:

Start Date:	End Date:
10/01/2004	09/30/2007

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

[2a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

Authorized Representative Information

13. Descriptive Title of Applicant's Project: Project MOST (Mentors Offering Student Triumphs)

Estimated For	ading		
14a. Federal	\$	198,845	,00,
b. Applicant	\$	20,923	.00
c. State	\$	0	.00
d. Local	\$	0	.00
c. Other	\$	()	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	219,768	.00.
			·

15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Typed Name of Authorized Representative Jill Spitzer b. Title Executive Director c. Tel. #: (619) 291-0473 Fax #: (619) 291-2419 d. E-Mail Address: yvcs@jfssd.org Signature of Authorized Representative

ED 424

REV. 11/12/99

U.S. Department of Education ${\sf A}$ pplication for ${\sf F}$ ederal Form Approved OMB No. 1875-0106 Education Assistance (ED 424) 11 M Exp. 11/30/2004 Applicant Information Organizational Unit 1. Name and Address Legal Name: Santa Clara County Office of Education Alternative Schools Address: 1290 Ridder Park Drive 95131 Santa Clara San Jose ZIP Code + 4 County State 6. Novice Applicant 2. Applicant's D-U-N-S Number 3. Applicant's T-I-N 7 7 7. Is the applicant delinquent on any Federal debt? (If "Yes," attach an explanation.) 4. Catalog of Federal Domestic Assistance #: Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.) G Public College or University 5. Project Director: G. Jeffrey Bornefeld A State H Private, Non-Profit College or University R Local Address: 1290 Ridder Park Drive Non-Profit Organization C Special District 95131 - 2398 San Jose J Private, Profit-Making Organization D. Indian Tribe ZIP Code + 4 State City F Individual K Other (Specify): Fax #: (408) 453-6548 Tel. #: (408) 453-6560 County Office of Education. F Independent School District E-Mail Address: _jeffb@ccpy.org Application Information 12. Are any research activities involving human subjects planned at any time Type of Submission: during the proposed project period? -PreApplication -- Application Yes (Go to 12a.) Vo (Go to item 13.) Construction Non-Construction Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 process? Yes (Provide Exemption(s) #): Yes (Date made available to the Executive Order 12372 No (Provide Assurance #): process for review): 7/7/2004 13. Descriptive Title of Applicant's Project: No (If "No," check appropriate box below.) SCCOE Alternative School Mentoring Program Program is not covered by E.O. 12372. Program has not been selected by State for review. End Date: Start Date: 10/1/2004 9/30/2007 11, Proposed Project Dates: Authorized Representative Information Estimated Funding 15. To the best of my knowledge and belief, all data in this preapplication/application are true and 200,000.00 14a. Federal correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. b. Applicant \$.00 a. Authorized Representative (Please type or print name clearly.) Joe Fimiani c. State \$.00 b. Title Assistant Superintendent - Student Services 20. d. Local \$ (408) 453-6548 (408) 453-6560 c. Tel.#: .00 e. Other d. E-Mail Address: Joe_Fimiani@sccoe.org f. Program Income 7/2/2004 Date: g. TOTAL 200,000.00 nature of Authorized Representative



U.S. Department of Education

			119 15 10 15 11	VISIO	
Applicant Informati	ion			C and a second control of the second control	Organizational Unit
I. Name and Addres Legal Name <u>Klan</u>	ss nath Trioity J	oint Unified School	District JUL 7	2004	
Address: P.O. Bo	x 1308		en pera a liven view of a second of Second	E 1 29 1 1 29 1 1 27 1 27 1 27 1	
			OTATE CLEAR	NG MUUDE	
Hoopa, CA City State	<u>Humboldt</u> C		95546 ZIP Code + 4	AND THE PROPERTY OF THE PROPER	
2. Applicant's D-U-N		1011121313141315171		5. Novice Applicant	Yeş <u>X_</u> No
3. Applicant's T-I-N				7. Is the applicant del	linquent on any Federal debt?Yes XNo
			RIA B	(/ f "Yes," 8	attach an explanation.)
4. Catalog of Federa	3) Domeeric y	ASSISTANCE #. DA. ()	0[~	D. There of Applicant	(Enter appropriate letter in the box.)
Title: Mentoring P 5. Project Director:		han		B. type of Applicant (A - State B - Local C - Special District D - Indian Tribe E - Individual K - Other (Specify):	F - Independent School District G - Public College or University H - Private, Non-profit College or University I - Non-profit Organization J - Private, Profit-Making Organization
5. 1 10,000. 2 1/0 to 1/2					
Address: P.O. B	lox 1306				
Hoopa CA	95546	Zìp code + 4			
		#: (530) <u>625-4697</u>			
E-Mail Address:	ssupahan@	humboldt.k12.ca.u	\$		
Application Inform	nation			42. Are any monarch	n activities involving human subjects planned at
9. Type of Submission: -Pre-Application -Application		any tìme during	the proposed project period?		
-PreApplicatio		Construction		Yes (Go to	12a.) <u>X</u> No (Go to item 13.)
Non-Cons	struction	XNon-Construct	ion	12a. Are all the	e research activities proposed designated to be
10. Is application subject to review by Executive Order 12372 process?		rder 12372 process?	exempt f	from the regulations?	
X Yes (Dete)	made availal	de to the Executive	Order 12972	Yes (Provi	de Exemption(s) #):
pro	cess for revie	ew): <u>6/28/2004</u>		No (Provid	le Assurance #):
No (If "A	Program	propriete box belo is not covered by I	E.O. 12372.	13. Descriptive Title	of Applicant's Project:
_	Program	has not been sele-	cted by State for review.	"From the Circle Me	ntoring Program"
11. Proposed Proje	ect Dates: _6	/16/2004	8 /16/2007	-	
,		Start Date:	End Date:		
Estimated Fundin	ng		Authorized Representate 15. To the best of my known	owledge and belief, all dat	ta in this preapplication/application are true
14a. Federal	s <u>568,7</u>	. 00	and correct. The do	cument has been duly aut	thorized by the governing body of the applicant
b. Applicant	\$. 00	and the applicant wi	ill comply with the attached	d assurances if the assistance is awarded.
c. State				ative (Please type or print	name clearly.)
d. Local		00	Arturo M. Vasquez		
e. Other		00	b. Title: Superintende		N 625-4133
f, Program Income	• \$	00	c, Tel. #: (530) <u>625-4255</u>		
				quez@humboldt.k12.ca.u	[7
g. TOTAL	\$ _568,	760 .00	e, Signature of Authoriz	> M. Veser	Date: 7, 7, 04
				E	· /)



U.S. Department of Education

Applicant Information			
1. Name and Address		Organizational Unit	
Legal Name: San Diego State University Foundation			
Address: 5250 Campanile Drive			
San Diego	CA	San Diego	92182 - 1931
City	State	County	ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 3 3 7 1 3 4 6		ovice Applicant Yes 🔀	
3. Applicant's T-I-N 9 5 - 6 0 4 2 7 2 1	7. Is	the applicant delinquent on any Federa	l debt? 🗌 Yes 🛭 No
4. Catalog of Federal Domestic Assistance # 8 4 1 8 4 B	8. T	pe of Applicant (Enter appropriate let	ter in the box)
Tide: Mentoring Programs		A State G Public Colle	ge or University
		B Local H Private, Non	-profit College or University
5. Project Director: Douglas Fisher JUL 7 2004	F	C Special District I Non-profit O	rganization
Address: 4283 El Cajon Blvd., #100		D Indian Tribe J Private, Profi	t-Making Organization
San Diego CA 92105MG	FAUS	E.Individual K Other (Speci	<i>[</i> 5y):
City State ZP Code +4	And the second second	F Independent School	
Tcl #: (619) 594-2507 Fax #: (619) 594-8810)	District	
E-Mail Address: dfisher@mail.sdsu.edu			
Application Information			
9. Type of Submission:	12. Ar	any research activities involving huma	an subjects planned at any time
- PreApplication -Application		ring the proposed project period?	
Construction Construction			io to item 13)
Non-Construction □ Non-Construction	17	a. Are <u>all</u> the research activities propos the regulations?	ed desingated to be exempt from
10. Is application subject to review by Executive Order 12372 process?		Yes (Provide Exemption(s) #);	
Yes (Date made available to the Executive Order 12372		☐ No (Provide Assurance #. if avai	lable:
process for review): 7/7/2004			
☐ No (If "No", check appropriate box below.)	13. D	escriptive Title of Applicant's Project:	
Program is not covered by E.O. 12372.	City	Heights Educational Coll	aborative Mentoring
Program has not been selected by State for review.	Initi	ative (CHEC-MI)	
Start Date: End Date:	1		
11. Proposed Project Dates: 1/1/2004 12/31/2007			
Estimated Funding Author	ized Ren	resentative Information	
14a Federal 0 168 603 .00 15. To the	best of my	knowledge and belief, all data in this p	oreapplication/application are true
and corre	et. The doc ant will co	ment has been duly authorized by the inply with the attached assurances if the	sassistance is awarded.
b, Applicant \$.00			
00	ized Repre e Nebe	sentative (Please type or print name cle	early.)
b. Title	e mene	NCI	•
	ı. Assis	tant VP for Research	
		4-6622	Fax #: (619)594-4109
d. E-Mail	Address:	awards@foundation.sdsu	.edu
f. Program Income \$.00	11.	1 Dobele	
g. TOTAL \$ 168,693 .00 e. Signatu	ire of Auth	roized Representative	Date:
<u> </u>		• •	7 16 104

Prefix Mr Jose Middle Name Antonio

Last Name RAMIREZ

b. Title City Manager code)

d. Signature of Authorized Representative Middle Name Antonio

Suffix

c. Telephene Number (size area code)

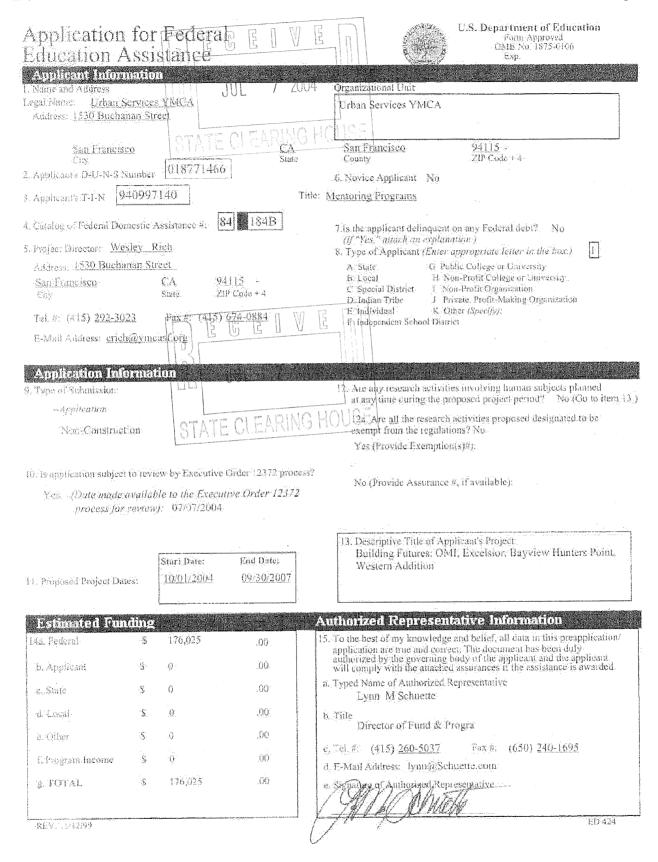
e. Date Signed

Previous Edition Usable

Application for Federal Education Assistance (ED 424)	U.S. Department of Education
Applicant Information	OMB No. 1875-0106 Exp. 11/30/2004
1. Name and Address Legal Name: STATE CLEARIN	G HOUSE Organizational Unit
Fresho Covenant Foundation	
Address: 2727 North First Street	
Fresno City	<u>CA</u> <u>Fresno</u> <u>93703</u> - <u>1208</u>
2 Analigant's D.I.(N.S.N., L.	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 3 3 2 3 5 2 5 4	6. Novice ApplicantYes _X_No
3. Applicant's T-I-N 7 7 - 0 5 0 8 4 7]	7. Is the applicant delinquent on any Federal debt?Yes _X No
4. Catalog of Federal Domestic Assistance #: 84, 1 8 4 B	(If "Yes," attach en explanation.)
Title: Mentoring Programs	0 Tues (A . II
	8. Type of Applicant (Enter appropriate letter in the box.)
	A - State F - Independent School Diatrict
8. Project Director: <u>Luis Santana</u>	B - Local G - Public College or University C - Special District H - Private, Non-profit College or
Address: 2727 North First Street	University D - Indian Tribe I - Non-profit Organization
•	E - Individual J - Private, Profit-Making Organization
Fresno. CA 93703 1208 City State 7 in code + 4	K - Other (Specify):
City State Zlp code + 4 Tel. #: (559) 226 - 4672 Fax #: (559) 226 - 0701	(c)
E-Mall Address:msoriafcf@sbcglobal.net	
Application information J. Type of Submission:	42 Ass are aggregated and filters to the filters to
-PreApplication -Application	12. Are any research activities involving human subjects planned at any time during the proposed project period?
Construction Construction Nan-Construction X Nan-Construction	Yes (Go to 12a.) x No (Go to item 13.)
•	12a. Are all the research activities proposed designated to be
Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372)	exempt from the regulations? Yes (Provide Exemption(s) #):
process for review): 07 / 07 / 2004	
No (If "No," check appropriate box below.)	No (Provide Assurance #):
Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:
, rogially has not been bolicied by State for feview.	
	STARS (STudents Achieving Reading Success) Mentoring Program for At-Risk Youth
1. Proposed Project Dates: 10 / 01 / 2004 09 / 30 / 200	
Start Date: End Date:	
etimated Funding Authorized Representa	ative information
16. To the heat of my	knowledge and belief, all data in this preapplication/application are true
.	current has been duly authorized by the governing body of the applicant
	rill comply with the attached assurances if the assistance is awarded.
·	tative (Please type or print name clearly.)
. Local \$ 00 Luls \$antana	
Other \$ 00 b. Title: Executive D	Pirector
Program Income \$ 00 c. Tel. #: (559) <u>228</u>	<u>4672</u> Fax#: (559) <u>226 - 0701</u>
d. E-Mail Address: <u>mad</u>	oriafcf@ebcglobal.net
. TOTAL \$ 370,240,25 . 00 e. Signature of Authoriz	zed Representative
to cu	Date: 07 / 07 / 2004

Standard Pace Sheet

Page 1 of I



G

Standard Face Sheet

Page 2 of 2 PR/ ALMRO # Q184B040190

U.S. Department of Education Form Approved
OMB No. 1875-0106 Exo.

Application for Federal Education Assistance

Applicant Information 1. Name and Address

Northridge

City

Legal Name: The University Corporation, CSUN-

Address: 18111 Nordhoff Street

<u>CA</u> State

Los Angeles County

Organizational Unit

91330 -ZIP Code + 4

128879462 2. Applicant's D-U-N-S Number

951992732 3. Applicant's T-I-N

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

5. Project Director: DeBose L Herman Address: Youth Service Specialist Program California Stat ...

Northridge City

CA State 91330 -ZIP Code +4

184B

15

Tel. #: (818) 677-3290

Fax #: ()

E-Mail Address: herman.dcbosc@csun.edu

7.1s the applicant delinquent on any Federal debt? (if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

College of Social and Behavioral Sciences

A State B Local G Public College or University H Non-Profit College or University

C Special District

6. Novice Applicant N/A

I Non-Profit Organization

J Private, Profit-Making Organization D Indian Tribe K Other (Specify): E individual

F Independent School District

Application Information

9. Type of Submission:

-- Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item

13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

10. Is application subject to review by Executive Order 12372 process?

Ycs (Date made available to the Executive Order 12372 process for review): 07/07/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

End Date: Start Date: 09/01/2004 08/30/2007 13. Descriptive Title of Applicant's Project: A 3-year mentoring project between the Youth Service Specialist Program (CBO) and LAUSD District 1 (LEA) to provide intensive mentoring support to 180 middle school children through crea...

A STATE OF THE PROPERTY OF THE	- خانسستان	Lang Saint Street	
Estimated Fun	ding		
14a. Federal	\$	185,240	.00
b. Applicant	\$	0	.00.
c. State	\$	0	.00
d. Local	\$	0	.00
c. Other	\$	28,000	,00
f. Program Income	\$	O	.00,
g. TOTAL	\$	213,240	.00
	:		

- Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
- a, Typed Name of Authorized Representative

Scott Perez

b. Title

Director of Research

c. Tel. #: (818) 677-2190

Fax #: (818) 677-4691

d. E-Mail Address: scott.pcrcz@csun.edu

e. Signature of Authorized Representative

REV. 11/12/99

ED 424

U.S. Department of Education

Application for Federal Form Approved
OMB No. 1875-0106 Exp. 11/30/2004 Education Assistance (ED 424) Applicant Information Organizational Unit 1. Name and Address Legal Name: Pittsburg Pre-School and Community Council 1760 Chester Drive 94565 Contra Costa County ZIP Code + 4 County Pittsburg State City 6. Novice Applicant 2. Applicant's D-U-N-S Number 7. Is the applicant delinquent on any Federal debt? 3. Applicant's T-I-N (If "Yes," attach an explanation.) 4. Catalog of Federal Domestic Assistance #: 8 B. Type of Applicant (Enter appropriate letter in the box.) Title: Mentoring Programs G Public College or University A State 5. Project Director: Frances Greene H Private, Non-Profit College or University R Local Address: 1760 Chester Drive Non-Profit Organization C Special District Private, Profit-Making Organization Pittsburg D Indian Tribe 7IP Code + 4 K Other (Specify): City Individual Fax #: (925) 432-7473 Independent School Tel. #: (925) 439-2061 District E-Mail Address: jeanctte@ppscc.org Application Information 12. Are any research activities involving human subjects planned at any time 9. Type of Submission: during the proposed project period? JUL 2004 -Application -PreApplication Yes (Go to 12a.) Vo (Go to item 13.) Construction Construction Non-Construction Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 process? Yes (Provide Exemption(s) #): Yes (Date made available to the Executive Order 12372 No (Provide Assurance #): process for review): 7/6/2004 13. Descriptive Title of Applicant's Project: No (If "No," check appropriate box below.) Youth Mentoring Program Program is not covered by E.O. 12372. Program has not been selected by State for review. End Date: Start Date: 7/31/2005 8/1/2004 11, Proposed Project Dates: Authorized Representative Information Estimated Funding 15. To the best of my knowledge and belief, all data in this preapplication/application are true and 161,163.00 correct. The document has been duly authorized by the governing body of the applicant and 14a, Federal the applicant will comply with the attached assurances if the assistance is awarded. 00.00 \$ b. Applicant a. Authorized Representative (Please type or print name clearly.) Frances Greene 00.0 \$ c. State Executive Director 0.00 d. Local Fax #: (925) 432-7473 (925) 439-2061 c. Tel. #:_ 0.00 e. Other d. E-Mail Address: jeanette@ppscc.org 0.00 f. Program Income 7/6/2004 161,163.00 Signature of Authorized Representative g. TOTAL



U.S. Department of Education

Applicant Information	
1. Name and Address	Organizational Unit
Legal Name: Partners for Community Access, Inc.	
Address: 644 E. Grand Avenue	
77 111	GA G B' 00005 4400
Escondido City	CA San Diego 92025 - 4403 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 3 6 6 9 7 4 4 9	6. Novice Applicant Yes No
3. Applicant's T-I-N 3 3 - 0 5 6 8 9 7 8	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Kimberly Stead-Segoria	_ A State G Public College or University
Address: 644 E. Grand Avenue	B Local H Private, Non-Profit College or University
Escondido <u>CA</u> 92025 - 4403	C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization
City State ZIP Code + 4	E Individual K Other (Specify):
Tel. #: <u>(760) 739-2134</u> Fax #: <u>(760) 739-2138</u>	F Independent School
E-Mail Address: kim@partnersforcommunityaccess.org	District
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time
-PreApplication -Application HECEIV	E Dduring the proposed project period?
Construction	Yes (Go to 12a.) Vo (Go to item 13.)
Non-Construction Von-Construction JUL 0 7	i
C T 4 155 110	12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive On 15 12372 process INC	HOUSE Yes (Provide Exemption(s) #):
Yes (Date made available to the Executive Order 12372	No (Provide Assurance #):
process for review): 7/6/2004	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	Partners for Community Access one-on-one Mentoring Program
Program is not covered by E.O. 12372.	for youth in grades 4-8 in the greatest of need in Ramona and Julian, California.
Program has not been selected by State for review.	
Start Date: End Date:	
11. Proposed Project Dates: 10/1/2004 10/1/2007	
Estimated Funding Author	rized Representative Information
14a. Federal \$ 304,369.00 correct.	st of my knowledge and belief, all data in this preapplication/application are true and The document has been duly authorized by the governing body of the applicant and
00 1	cant will comply with the attached assurances if the assistance is awarded. ed Representative (Please type or print name clearly.)
c. State \$.00 Gloriaa	nn Barron Garcia
d. Local \$.00 b. Title E	xecutive Director
e. Other \$ 37,697.00 c. Tel.#:	(760) 739-2136 Fax #:(760) 739-2138
d. E-Mail A	ddress: gbg@partnersforcommunityaccess.org
f. Program Income \$.00	3 yman
q. TOTAL \$ 542,266.00 e. Signatur	re of Authorized Representative Date: 7/2/2004



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	Organizational Unit
1. Name and Address	
Legal Name: <u>Boys and Girls Club of Greater Oxnard and Port Huene</u> Address: <u>1900 West Fifth Street</u>	THE .
Oxnard	CA Ventura <u>93035</u> - <u>6596</u>
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number _0_ 8 _8_ 3_ 9_ 5_ 1_ 9_ 9_	6. Novice ApplicantYes _X_No
3. Applicant's T-I-N 9 5 - 1 7 8 5 1 6 2	7. Is the applicant delinquent on any Federal debt?Yes _x_No (If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 841 _8 _4 _	_B
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.) LI_
	A - State F - Independent School District
5. Project Director: Tim Blaylock	B - Local G - Public College or University C - Special District H - Private, Non-profit College or
Address: 1900 West Fifth Street	University
	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
Oxnard CA 93035 6596 City State Zip code + 4	K - Other (Specify):
E-Mail Address: Tblaylock@bqcop.org	CEIVED
Application Information	10L 0 72.2004 12. Are any research activities involving human subjects planned at
Construction Construction	any time during the proposed project period? CLEARING HOUSE Go to 12a.) X No (Go to item 13.)
Non-ConstructionX_Non-ConstructionSTATE	12a. Are all the research activities proposed designated to be
10. Is application subject to review by Executive Order 12372 process?	exempt from the regulations?Yes (Provide Exemption(s) #):
X Yes (Date made available to the Executive Order 12372 process for review): 7 / 2 / 04	
No (If "No," check appropriate box below.)	No (Provide Assurance #):
Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:
Program has not been selected by State for review	w. Project Connect
11. Proposed Project Dates: 10 / 1 / 04 9 / 30 / 07 Start Date: End Date:	-
Estimated Funding Authorized Represe 15. To the best of m	entative Information y knowledge and belief, all data in this preapplication/application are true
14a. Federal \$ 200,000 .00 and correct. The	e document has been duly authorized by the governing body of the applicant
b. Applicant \$ 11,150 .00 and the applican	nt will comply with the attached assurances if the assistance is awarded.
c. State \$ 00 a. Authorized Repres	sentative (Please type or print name clearly.)
d. Local \$ <u>173,650</u> . 00 <u>Tim Blaylock</u>	
e. Other \$ 00 b. Title: <u>Chief Pro</u>	
f. Program Income \$ 00 c. Tel. #: (805)8	115 – 4959 x 203 Fax #: (805) _815 – 4709
304 000	Tblaylock@bgcop.org
g. TOTAL \$ $\frac{384,800}{\lambda}$. 00 e. Signature of Auth	norized Representative
	Blace Sh Date: 6/18/04
	X

Application for ederal Education Assistance (ED 424)



U.S. Department of Education

Applicant Informat	ion			
Name and Address Legal Name: South Bay Comm	munity Services		Organizational Unit Youth & Family Support S	Services Department
Address: 1124 Bay Blvd.,			Youth Developmen	- 11
Chula Vista City 2. Applicant's D-U-N-S Number	1 1 3 4 0 7 7	CA State 7 9 6. Novice Appl	San Diego County icant Yes No	91911 - 7155 ZIP Code + 4
3. Applicant's T-I-N 9 5 4. Catalog of Federal Domestic Ass Title: Mentoring Program	7. Is the applica	ant delinquent on any Federal d tach an explanation.) licant (Enter appropriate letter	T	
5. Project Director: Mauricio To Address: 1124 Bay Blvd., S Chula vista City Tel. #: (619) 420-3620 E-Mail Address: mtorre@csbe	A State B Local C Special C de + 4 D Indian Tr E Individua	G Public Colleg H Private, Non- District I Non-Profit Or ibe J Private, Profit I K Other (Specificant School	e or University Profit College or University rganization t-Making Organization	
Application Inform				
9. Type of Submission:	Application	•	earch activities involving human proposed project period?	subjects planned at any time
process for review	able to the Executive Order 123	12a. Are a from ss? Yes (13. Descriptive	No (Go to ite If the research activities propose the regulations? Provide Exemption(s) #): Provide Assurance #): Title of Applicant's Project: ogram for At-Risk and Tran	ed designated to be exempt
S	teen selected by State for review Start Date: End Date 0/01/04 9/30/0	te:		STATE CLEARING
11. Proposed Project Dates:1 Estimated Funding			esentative Inform	ation
14a. Federal \$	186 500 00 15. 7	To the best of my knowledge a	nd belief, all data in this preapplic en duly authorized by the governi	ation/application are true and
b. Applicant \$	t t	he applicant will comply wit	h the attached assurances if the a	ssistance is awarded.
c. State \$		a. Authorized Representative (Please type or print name clearly.)		
d. Local \$		b. Title Executive Director		
e. Other \$.00 c. 1	T. (610) 420, 3620		
f. Program Income \$.00 d. l	-Mail Address: klembo@	Ocsbes.org	
g. TOTAL \$	186,500.00	gnature of Authorized R	epresentative	Date: 6/16/2004

APPLICATION FOR FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED		Applicant Id		ion //U:
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applic	ation Identifier	
Application	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Idea	ntifier	
Construction Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organizationa	il Unit:	***************************************	
Doctors Telehe	alth Networ	k. Inc.	Department:	/a		
Organizational DUNS:			Division:	/a		
Address:	<u>a 13-821-08</u>	ECEIVED	Name and tele	phone number of p	serson to be contacted on ma	allers
Street:		IIII + # 000 ·	Prefix:	application (give a First Name:		
City: Nowport Road		JUL U 7 2004	Mr. Middle Name		Kurt	
County:	ì	ATPOLITICAL	Last Name			
Orange State:	Zip Code	ATE CLEARING HOL	SE / G	rossman		
CA	9266	0				
Country:			<u> </u>		an@doctel.net	
6. EMPLOYER IDENTIFICATIO				(give area code)	Fax Number (give area code)	
06 - 167 39 15 B. TYPE OF APPLICATION:			949-553		775-417-7154 ack of form for Application Type:	.el
New	Continuation	n 🔲 Revision			rvices Provider	
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)	ulcine se.	LVICES FIDVIUEI	
				EDERAL AGENCY:		
Other (specify)				tilities .		
10. CATALOG OF FEDERAL E	OMESTIC ASSISTANC		11. DESCRIPT	IVE TITLE OF APPI	LICANT'S PROJECT:	
TITLE (Name of Program):		10-8 35	Doctor	s Telehea.	lth Network-PA	
TITLE (Name of Program): Telemedicine G 12. AREAS AFFECTED BY PRO					•	
Bradford Gty,			000	1		
13. PROPOSED PROJECT	= 170gq, 3411.	ivan, vo yoming		SIONAL DISTRICTS		
Start Date: 1/05	Ending Date: 7/05	5	a. Applicant CA - 4	8	b. Project PA - 10,5	
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECU	TIVE
a. Federal \$	165 000 (17)	(H)		IS PREAPPLICATIO	N/APPLICATION WAS MADE	
b. Applicant \$	465,000 43	7.000	AV	AILABLE TO THE S' OCESS FOR REVIE	TATE EXECUTIVE ORDER 12: EW ON	372
c. State \$	468,000 44	2,300	DA	TE: Mailed ?		1
d. Local \$		10	PR	6/16/6 OGRAMIS NOT CO	94 VERED BY E. O. 12372	
			D. NO. ILI			.
e. Other \$	Alle Alle Alle Alle Alle Alle Alle Alle	•	FO	R REVIEW	OT BEEN SELECTED BY STAT	
Program income S	880,000	•	17. IS THE APP	PLICANT DELINQUI	ENT ON ANY FEDERAL DEBT	3
g. TOTAL \$	933,000	51)	☐ Yes If "Yes"	attach an explanatio	n. ₽2 No	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (SOVERNING BODY OF TH				E
a. Authorized Representative Prefix	First Name		i i	Middle Name		
Mr.	Kurt				and the Control of th	
ast Name Grossman				Suffix		
Title / President			c. Telephone Number (give area code)			
Signature of Authorized Robinsseptative			ε	. Date Signed 4/2	88/04	

Application for Federal Education Assistance



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp.

Applicant Information

1. Name and Address

Legal Manneda County Office of Education Address: 313 W. Winton Avenue

> Hayward City

056874225

2. Applicant's D-U-N-S Number

946002421 3. Applicant's T-I-N

336B 4. Catalog of Federal Domestic Assistance #:

5. Project Director: Enomwoyi J Booker

Address: 313 W. Winton Avenue

Hayward City

State

94544 - 1198 ZIP Code + 4

CA

State

Tel. #: (510) 670-7748

Fax #: (510) 670-4207

E-Mail Address: ebooker@acoe.k12.ca.us

Organizational Unit

Instructional Support Services Department of Educational Services Division

Alameda County

94544 - 1198 ZIP Code + 4

6. Novice Applicant No

Title: Teacher Quality Enhancement Partnership Full Application

> 7.Is the applicant delinquent on any Federal debt? No. (if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) B

A State

G Public College or University

B Local

H Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribe

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School District

Application Information

9. Type of Submission:

--Application

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

(Date made available to the Executive Order 12372 process for review): 06/14/2004

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

STATE CLEARING HOUSE

11. Proposed Project Dates:

REV. 11/12/99

Start Date:	End Date:
09/01/2004	09/01/2009

13. Descriptive Title of Applicant's Project: Teacher Institute for Excellence (TIE)

Estimated Fund	ling		
14a. Federal	\$	1,143,575	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	1,143,575	.00

Authorized Representative Information

- 15. To the best of my knowledge and belief, all data in this appropriation true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
- a. Typed Name of Authorized Representative Jordan Sheila

b. Title

Superintendent

c. Tel. #: (510) 670-4140

Fax #: (510) 670-\(\pm\)101

d. E-Mail Address: sheilai@acoe.k12.ca.us

of Authorized Representative

ED 424

Application for F deral Education Assistance (ED 424) Applicant Information



U.S. Department of Education
Form Approved

Name and Address	Organizational Unit
Legal Name: San Diego Unified School Distrct	Mental Health Resource Center
Address: 4100 Normal St.	
San Diego City	CA San Diego 92103 - State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 3 3 6 2 5 4 3	6. Novice Applicant Yes No
3. Applicant's T-I-N 9 5 - 6 0 0 2 7 8 1 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs	 7. Is the applicant delinquent on any Federal debt? Yes No (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Shirley Culver Address: 2351 Cardinal Lane, Annex B San Diego City State 21P Code + 4 Tel. #: (858) 573-2228 Fax #: (858) 496-2113	A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify): F Independent School District
E-Mail Address: sculver@sandi.net	
9. Type of Submission: PreApplicationApplication Construction Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): 7/7/2004 No (If "No," check appropriate box below.)	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: San Diego City Schools' Mentoring to Achieve and Succeed 7 2004 Together (MAST) Program
	ized Representative Information
14a. Federal \$ 600,000.00 correct. T	st of my knowledge and belief, all data in this preapplication/application are true and The document has been duly authorized by the governing body of the applicant and
	cant will comply with the attached assurances if the assistance is awarded. ed Representative (Please type or print name clearly.)
	Flanagan
L Tale	hief of Staff
	(619) 725-5505 Fax #:(619) 291-7182
f. Program Income \$.00	,
g. TOTAL \$ 600,000.00 e. Signatur	ry Llana con 711/09 re of Authorized Representative Date:

Application for Federal Education Assistance (ED 424) Applicant Information



U.S. Department of Education

1. Name and Address		Organizational Unit	
9	ners Big Sisters of San Francis	sco & the Peninsula	
Address: 600 Town	send Street, Suite 120e		
San Franc	isco	CA San Francisco 94103 - 4955 State County ZIP Code + 4	
2. Applicant's D-U-N-S N	umber 0 6 2 3 0 4	6. Novice Applicant Yes No	
3. Applicant's T-I-N4. Catalog of Federal Dome Title: KISmet: Kids in	4 - 2 8 9 7 6 8 estic Assistance #: 8 4 1 1 n School Meeting their Match	7. Is the applicant delinquent on any Federal debt? Yes No (If "Yes," attach an explanation.)	
San Francisco City Tel. #:(415) 503-405	End Street, Suite 120e CA State 941 State 6415) 503-	8. Type of Applicant (Enter appropriate letter in the box.) A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify): F Independent School District	
E-Mail Address: <u>ntorre</u> Application In	Market and the second of the s		
9. Type of Submission: —PreApplication Construction Non-Constructi 10. Is application subject to Yes (Date mac process fo No (If "No," Program Program 11. Proposed Project Dates:	—Application Construction on Non-Construction review by Executive Order 12372 de available to the Executive Order review): 7/6/2004 check appropriate box below.) is not covered by E.O. 12372. has not been selected by State for response of the selected by Sta	Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: KISmet: Kids in School Meeting their Match / Year-round one-to-one school-based mentoning review. STATE CLEARING HOLD TO THE STATE	
Estimated Fund	ling	Authorized Representative Information	
14a. Federal	\$ 194,200.00	15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and	
b. Applicant	6,100.00	the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.)	
c. State	0.00	Sherry Squire Mitchell	
d. Local	0.00	b. Title Executive Director	
e. Other	\$ 23,500.00	c. Tel.#: (415) 503-4055 Fax #: (503) 415-4051	
f. Program Income	\$ 0.00	d. E-Mail Address: ssmitchell@sf-bbbs.org	

Application for Federal Education Assistance (ED 424)



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	Organizational Unit		
 Name and Address Legal Name: <u>Mentoring: A Touch From Above</u> 			
Address: 3515 Linden Ave			
, adioss. <u>Coro Emidolitivo</u>			
Long Beach	<u>CA</u> <u>Los Angeles</u> <u>90807</u> - <u>4519</u>		
City	State County ZIP Code + 4		
2. Applicant's D-U-N-S Number <u> 0 0 7 4 8 2 8</u>	6. Novice Applicant _X_YesNo		
3 . Applicant's T-I-N <u> 9 1 - 1 9 0 0 9 0 5</u>			
4. Catalog of Federal Domestic Assistance #: 841_I8_I	(If "Yes," attach an explanation.)		
Title: Mentoring Programs Grant	8. Type of Applicant (Enter appropriate letter in the box.) /_!/		
	A - State F - Independent School District B - Local G - Public College or University		
5. Project Director: Melanie Washington	C - Special District H - Private, Non-profit College or University		
Address: 3515 Linden Ave	D. Indian Triba I. Non profit Organization		
	E - Individual J - Private, Profit-Making Organization		
City State Zip code + Tel. #: (562) <u>572 - 2898</u> Fax #: (562) <u>981 - </u>			
E-Mail Address:melbel11@msn.com			
Application Information 9. Type of Submission:	12. Are any research activities involving human subjects planned at 0		
-PreApplication -Application Construction Construction	any time during the proposed project period 2 C/FARIN		
Construction Construction X_ Non-Construction	1es (do to 12a.)X_ No (do to item 13.)		
10. Is application subject to review by Executive Order 12372	12a. Are all the research activities proposed designated to be exempt from the regulations?		
_X_Yes (Date made available to the Executive Order 12			
process for review):7_/2_/_2004	No (Provide Assurance #):		
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:		
Program has not been selected by State	for review.		
11. Proposed Project Dates: _10_/_1/_200410_/_1	Mentoring: A Touch From Above		
Start Date: End D	Date: Academic Mentoring Project		
	Representative Information best of my knowledge and belief, all data in this preapplication/application are true		
	prect. The document has been duly authorized by the governing body of the applicant		
	and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.		
• •	a. Authorized Representative (<i>Please type or print name clearly</i> .)		
	Washington		
e. Other \$ 00 b. Title:	Executive Director		
f. Program Income \$ 00 c. Tel. #: (562) <u>572 - 2898</u> Fax #: (562) <u>981 - 0512</u>		
	ddress: melbel11@msn.com		
	e of Authorized Representative		
	Clarif Washington Date: 77212004		

Application for Federal



U.S. Department of Education

Form Approved OMB No. 1875-0106 Ехр.

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r 1	1	A 1		•
Educa	ลบาดท	A 991	stan	ice

Applicant Information 1. Name and Address	Organizational U	Init
Legal Name: Big Brothers Big Sisters of Mar Address: 1618 Second Street	in and Napa Co	
San Rafael City 2 Applicant's D. H.N. S. Number 610109472	CA State County	94901 - ZIP Codc + 4
2. Applicant's D-U-N-S Number 1910109472	6. Novice Applic	ant Yes
3. Applicant's T-1-N 942502278	Title: Mentoring Progra	
4. Catalog of Federal Domestic Assistance #: 84	184B 7.Is the applicant	delinquent on any Federal debt? No
5. Project Director: Edward P Kaufman	(if "Yes," anac	h an explanation.)
Address: 1618 Second Street		cant (Enter appropriate letter in the box.)
San Rafael CA 9490	A State B Local	G Public College or University H Non-Profit College or University
0 1	Codo + 4 C Special Dist	rict I Non-Profit Organization
Tel. #: (415) 453-3800 Fax #: (415) 453	D Indian Tribo 3-3839 E Individual F Independent	J Private, Profit-Making Organization K Other (Specify): School District
B-Mail Address: ekaufman@bbbsmarin-napa.o		OSIOOI DIBLIGE

Application Information

- 9. Type of Submission:
 - -- Application

Non-Construction

- 12. Arc any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)
 - 12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#);

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review); 07/07/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

Start Date:	End Date:
	*

13. Descriptive Title of Applicant's Project: Mentoring for a Brighter Future Program

Estimated Fun	ding		Authorized Representative Information
14a, Federal	\$	162,464	.00 [15. To the best of my knowledge and belief, all data in this preapplication application are true and correct. The document has been duly
b. Applicant	\$	0	oo authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded
c. State	\$	0	00 a Typed Name of Authorized Representative Ron L Hamilton
d. Local	\$	0	b. Title
c, Other	\$	0	.00 Executive Director
f. Program Income	\$	0	c. Tel. #: (415) 453-3800 Fax #: (415) 453-3839
g. TOTAL	\$	162,464	d. E-Mail Address: rhamilton@bbbsmarin-napa.org c. Signature of Authorized Representative
			and the second s
REV. 11/12/99		· · · · ·	ED 424

Application for Federal Education Assistance (ED 424), W. E. C.



U.S. Department of Education

Applicant Information	4 1 W . 19 Exp. 11/30/2004
1. Name and Address	Organizational Unit
Legal Name: Quest Youth Development Program	7 2004
Address: 2607 Myrtle Street	
Oakland City	CA Alameda 94607 - 3415
2. Applicant's D-U-N-S Number 0 7 4 5 1 4 2 0	6. Novice Applicant Yes No
5. Applicant 3 1 1 14 Land Land Land Land Land Land Land Land	7. Is the applicant delinquent on any Federal debt?
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Fireseed Mentoring Program	G. Turn of Applicant (Estar appropriate letter in the heat
	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Michael Evans	A State G Public College or University
Address: 2607 Myrtle Street	B Local H Private, Non-Profit College or University
Oakland CA 94607 - 341 City State ZIP Code +	C Special District Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization
City Control of the C	E Individual K Other (Specify):
Tel. #: (510) 815-6975 Fax #: (510) 964-0586	F Independent School
	District
E-Mail Address: _michaelmae@msn.com	
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time
•	during the proposed project period?
	Yes (Go to 12a.) No (Go to item 13.)
Non-Construction ✓ Non-Construction	12a. Are all the research activitles proposed designated to be exempt
	from the regulations?
10. Is application subject to review by Executive Order 12372 process?	Yes (Provide Exemption(s) #):
Yes (Date made available to the Executive Order 12372	No (Provide Assurance #):
process for review): 7/7/2004	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	Firesecd Mentoring Program
Program is not covered by E.O. 12372.	
Program has not been selected by State for review.	
Start Date: End Date: 7/31/2005	
11. Proposed Project Dates:	horized Representative Information
Aut	
E STIMATED TOTAL	the best of my knowledge and belief, all data in this preapplication/application are true and the best of my knowledge and belief, all data in this preapplication/application are true and tree. The document has been duly authorized by the governing body of the applicant and rect. The document has been duly authorized assurances if the assistance is awarded,
\$ 199,986.00 cor	rect. The document has been duly described assurances if the assistance is awarded.
00 1	applicant will comply with the accurate the accurate the print name clearly.)
D. Approare	lichael Evans
,00	
c. State 5	Bredair
	(510) 815-6975 Fax #:(510) 964-0586
an II o Te	1 #' (313)
e. Other 3 d. E	Mall Address: michaelmar@msn.com
5 December \$.00	M A WWW 6/25/2004
	ignature of Authorized Representative Date: 0.22/1201
g. TOTAL \$	ignature of Addition
J	· · · · · · · · · · · · · · · · · · ·

Application for Federal



U.S. Department of Education

Applicant Information 1. Name and Address Legal Name: Seven Tepees Youth Program Exp. 11/30/200 Organizational Unit	
Legal Name: Seven Tepees Youth Program	
Legal Name: Seven Tepees Youth Program	
Address: 3177 - 17th Street	i
STATE OF MAKING MOUSE	
San Francisco CA San Francisco 94110 -	1332
City State County ZIP Code + 4	4
2. Applicant's D-U-N-S Number 1 1 5 0 1 5 7 7 3 6. Novice Applicant Yes No	
3. Applicant's T-I-N 9 4 - 3 2 3 1 0 5 9 7. Is the applicant delinquent on any Federal debt? Yes	✓ No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B (If "Yes," attach an explanation.)	
Tibe: Seven Tepees Mentoring Program	•
8. Type of Applicant (Enter appropriate letter in the box.)	
5. Project Director: Diane Dodge A State G Public College or University	
Address: 3177 - 17th Street B Local H Private, Non-Profit College or U	Iniversity
San Francisco CA 94110 - 1332 C Special District 1 Non-Profit Organization	elon
City State ZIP Code + 4 D Indian Tribe J Private, Profit-Making Organizat E Individual K Other (Specify):	itian
Tel. #: (415) 522-1550 Fax #: (415) 522-1551 F Independent School	
District	
E-Mail Address; ddodge@7tepees.org	
Application Information	
12 Are any research activities involving human subjects planned a	at any time
9. Type of Submission: during the proposed project period?	
—PreApplication —Application —Struction — Yes (Go to 12a.) ✓ No (Go to Item 13.)	
Consideration	
Non-Construction Non-Construction 12a. Are all the research activities proposed designated to I	be exempt
from the regulations?	
10. Is application subject to review by Executive Order 12372 process? Yes (Provide Exemption(s) #):	
Yes (Date made available to the Executive Order 12372 No (Provide Assurance #):	
No (If "No," check appropriate box below.) 13. Descriptive Title of Applicant's Project: Seven Tepces Mentoring Program	
Program is not covered by E.O. 12372.	
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date:	
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: 2/1/2004 7/31/2005	**************************************
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 8/1/2004 7/31/2005	a-1-844
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 8/1/2004 7/31/2005 Estimated Funding Authorized Representative Information	are true and
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: 8/1/2004 Estimated Funding Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/applicatio	pucant and
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 7/31/2005 11. Proposed Project Dates: 8/1/2004 7/31/2005 Estimated Funding Authorized Representative Information	pucant and
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: 8/1/2004 1/31/2005 Estimated Funding 14a. Federal \$ 105,917.00 b. Applicant \$ 25,590.00 c. State \$.00 Diane Dodge	pucant and
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: 8/1/2004 7/31/2005 Estimated Funding 14a. Federal \$ 105,917.00 b. Applicant \$ 25,590.00 c. State \$.00 Diane Dodge b. Title Executive Director	pucant and
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: 8/1/2004 7/31/2005 Estimated Funding 14a. Federal \$ 105,917.00 b. Applicant \$ 25,590.00 c. State \$.00 Local \$.00 Program has not covered by E.O. 12372. End Date: 7/31/2005 Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/ap	pucant and
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date:	pucant and
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: 8/1/2004 T/31/2005 Estimated Funding 14a. Federal \$ 105,917.00 b. Applicant \$ 25,590.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 Program is not covered by E.O. 12372. End Date: 7/31/2005 Authorized Representative Information Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/applications correct. The document has been duly authorized by the governing body of the applicant will comply with the attached assurances if the assistance is award a. Authorized Representative (Please type or print name clearly.) Diane Dodge b. Title Executive Director c. Tel.#: (415) 522-1550	pucant and

	Emply (angles) of the control of the			
Application for Federal Education Assistance (ED 424)	U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004			
Applicant Information				
1. Name and Address STATE CLEARING	generate and an including program and including the program and an including program and an incl			
Legal Name: Ethnos Community Development/Academic Centers of Exc	Community Faith-Based Community Organization			
Address: 125 South Louise Street, Sulte 213	Community Organization			
Glendale City	CA Los Angeles 91205 - State County ZIP Code + 4			
2. Applicant's D-U-N-S Number 0 6 8 4 8 1 9 1 5	6. Novice ApplicantYesNo			
3. Applicant's T-I-N 9 5 - 4 8 3 2 3 2 2	7. Is the applicant delinquent on any Federal debt? Yes X No (If "Yes," attach an explanation.)			
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	(ii res, alleen an explanation.)			
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)			
5. Project Director:Christina Corona	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or			
Address: 125 South Louise Street Glendale CA 91205	University D - Indian Tribe			
Glendale CA 91205 City State Zip code + 4 Tel. #: (818) 244 - 6913 Fax #: (818) 244 - 6979	K - Other (Specify):			
E-Mail Address: ccvip@sbcglobal.net				
Application Information 9. Type of Submission: -PreApplication -Application Construction Construction Non-Construction X Non-Construction	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)			
10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review)://	12a. Are all the research activities proposed designated to be exempt from the regulations?Yes (Provide Exemption(s) #);			
No (If "No," check appropriate box below.)	No (Provide Assurance #):			
Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:			
11. Proposed Project Dates: 01 / 01 / 2005 12 / 31 / 2007 Start Date: End Date:	C.H.O.I.C.E, Mentoring			
Estimated Funding Authorized Representa	tive information owledge and belief, all data in this pre-application/application are true			
	cument has been duly authorized by the governing body of the applicant			
	Il comply with the attached assurances if the assistance is awarded.			
c. State \$0. 00 a. Authorized Representa	ative (Please type or print name clearly.)			
d. Local \$ 0.00 Roberto Colon & Chrl				
e. Other \$ 0.00 b. Title: Executive Direct	ctor, Ethnos/ Director, Academic Centers of Excellence, Glendale			
f. Program Income \$0.00	6913 Fax #: (818) <u>244 - 6979</u>			
g. TOTAL \$ 229883.00 e. Signatur@of Authoriz				
takes	Date: 7 / 6 / 04			
2 Mars	b -			
	y			

Application for Education As	or Federal sistance (ED 424)		VE	U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Address: 13	ss <u>alaveras County Off</u> 85 South Main Stree	ice of Education	2004 LU IG HOUSE	Organizational Unit
		mia_county <u>Calaveras</u>	ZIP Code <u>95221</u>	
	I-S Number 1 0 0		6. Novice Applican	···
4. Catalog of Federa	_9_ _4_ - _1_ _6_ _3_ al Domestic Assistance #: t ntoring Programs		(If "Yes	delinquent on any Federal debt?Yes _x_No .; "attach an explanation.) Int (Enter appropriate letter in the box.)F_I
Address: <u>Cala</u> <u>185</u> City <u>Angels</u> Tel, #: (209) 7		P.O. Box 760 omia zip 95221 (209) 736-2138	A - State B - Local C - Special Di University D - Indian Trit E - Individual coc K - Other (Spe	De I - Non-profit Organization J - Private, Profit-Making Organization
_x_Yes (Date	on: -Application on Construct ruction Non-Cons bject to review by Executiv. made available to the Exe	truction order 12372 process? cutive Order 12372	any time durin Yes (Go t 12a. Are all ti exempt	ch activities involving human subjects planned at ag the proposed project period? 10 12a.) _x_No (Go to item 13.) The research activities proposed designated to be from the regulations? Find Exemption(s) #):
No (If "No	ess for review): _07_/_07 ," check appropriate box b _ Program is not covered b _ Program has not been se	elow.) y E .O. 12372.	No (Provi	de Assurance #): e of Applicant's Project: ''' of the Calaveras Youth Mentoring
11. Proposed Projec	t Dates: 10/_01_/_2004 Start Date:	_09_/_30_/_2007 End Date:	11061411	
b. Applicant c. State	\$ 100, 136	and correct. The docur	rledge and belief, all d ment has been duly at comply with the attach re (Please type or prin	ata in this preapplication/application are true uthorized by the governing body of the applicant ed assurances if the assistance is awarded. It name clearly.)
d. Local	\$00			
	\$,00	ь. Title: <u>County Superi</u>		
	\$00 \$ <u>100,136</u> 00	c. Tel. #: (209) 736-40 d. E-Mail Address: jbropl e. Signature of Authorized	hy@ccoe.k12.ca	209) 736-2138 Lus Date: 6/30 04
		<i>V</i>		

Application for Federal Education Assistance (ED 424)



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	Organizational Unit			
1. Name and Address				
Legal Name: Big Brothers Big Sisters of				
Address: County 14131 Yorba Street,	Ste. 200			
	6 193 A 1 1 7 3 1 5 A 193 1 6 1 7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	DIAIE ULEAKING HOUS			
Tustin CA	Orange 92780 State County ZIP Code + 4			
City				
2. Applicant's D-U-N-S Number 0 6 6 1 5 5 6 5 6	6. Novice Applicant X YesNo			
3. Applicant's T-I-N 9 5 - 1 9 9 2 7 0 2	7. is the applicant delinquent on any Federal debt?Yes _XNo (If "Yes," attach an explanation.)			
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)			
	A - State F - Independent School District			
5. Project Director Noly Guardamondo	B - Local G - Public College or University			
	C - Special District H - Private, Non-profit College or University			
Address 14131 Yorba Street, Ste. 200	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization			
Tustin CA 92780 City State Zip code ÷ 4				
Tel. #: (714 <u>544-7773</u> Fax #: (714) <u>544-7643</u>	K - Other (Specify):			
E-Mail Address: NGuardamondo@bigbrooc.org				
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction Non-Construction	Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designated to be			
10. Is application subject to review by Executive Order 12372 process?	exempt from the regulations? Yes (Provide Exemption(s) #):			
X Yes (Date made available to the Executive Order 12372 process for review): 7 / 7 / 2004	•			
No (If "No," check appropriate box below.)	No (Provide Assurance #):			
Program is not covered by E.O. 12372.Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:			
	Tri-County BBBS School-Based			
11. Proposed Project Dates: 10 / 1 / 04 9 / 31/ 0 / Start Date: End Date:	Mentoring Program			
Estimated Funding Authorized Representat	ive Information by ledge and belief, all data in this preapplication/application are true			
	ument has been duly authorized by the governing body of the applicant			
•	comply with the attached assurances if the assistance is awarded.			
	tive (Please type or print name clearly.)			
d. Local \$oo Patricia A				
e. Other \$				
f. Program Income \$	-7773 Fax #: (714) <u>-544 - 7643</u>			
276 075	illiams@bigbrooc.org			
- Jatricia	Millian Date: 7,5,04			

U.S. Department of Education
Form Approved
OMB No. 1875-0108



Application for Federal	Form	Approved a. 1875-0106
Education Assistance (ED 424)	Ехр.	11/30/2004
Applicant Information		
4 Name and Address	Organizational Unit Student Well-Being & Family Res	ources
Legal Name: Imperial County Office of Education	Student Wen-Benig Co 1 2/11/2	
Address: 1398 Sperber Road		
	Ca Imperial 922	43 - Code + 4
El Centro Cíty	State County	
2. Applicant's D-U-N-S Number 0 8 4 9 8 0 1 7 6	6. Novice Applicant Yes V No	
3. Applicant's T-1-N 9 5 - 6 0 0 1 6 6 5	7. Is the applicant delinquent on any Federal debt? [Yes V No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B		F
Title: Mentoring Program	8. Type of Applicant (Enter appropriate letter in the b	oox.)
P. P.	A State G Public College or Univ	ersity
5. Project Director: Rita Brogan	B Local H Privata, Non-Profit Co	
Address: 1398 Sperber Road Ca 92243 -	C Special District Mon-Profit Organizati D Indian Tribe J Private, Profit-Making	g Organization
El Centro City State ZIP Code + 4	E Individual K Other (Specify):	
Tel. #: (760) 312-6498 Fax #: (760) 312-6476	F Independent School	
I WILL TO I		
E-Mall Address: rbrogan@icoe.or	V L INI	
Application Information	12. Are any research activities involving human subject	s planned at any time
g. Type of Submission:	during the proposed project period?	1
—PreApplication —Application	Yes (Go to 12a.) No (Go to Item 13.)
Construction Construction	MO MANAMA	1
Non-Construction Non-Construction CLEAR	12a. Are all the research activities proposed des from the regulations?	ignated to be exempt
10. Is application subject to review by Executive Order 12372 process?	Yes (Provide Exemption(s) #):	
Yes (Date made available to the Executive Order 12372	No (Provide Assurance #):	
process for review): 7/6/2004	13. Paradistric Title of Applicant's Project:	
No (If "No," check appropriate box below.)	Countywide mentoring of 135 at risk students	per year in grades
Program is not covered by E.O. 12372.	5th -8th.	
Program has rut been selected by State for review.		
Start Date: End Date:		
11. Proposed Project Dates: 10/1/2004 9/30/2007		
Estimated Funding Auth	norized Representative Informati	9.11
142 Fodoral \$ 200,000.00	e best of my knowledge and belief, all data in this preapplication.	application are true and addy of the applicant and
the a	pplicant will comply with the attached assurances if the assist	ance is awarded.
	norized Representative (Please type or print name clearly.)	
c. State \$.00 Jud	y Maurice	
d. Local \$.00	Deputy Superintendent	0.6576
e. Other \$.00 c. Tel.		<u> </u>
	ail Address: jmaurice@icoe.org	
1. Trogrammeent	maures	7/10/04
g TOTAL \$ 200,000.00 e. Stgr	nature of Authorized Representative	Date: // 0 /

7/7/2004

g. TOTAL

Application for Federal	U.S. Department of Education
Education Assistance (ED 424)	OMB No. 1975-0106 Exp. 11/30/2094
Applicant Information	
1. Name and Address	Organizational Unit
Legal Name: Lennox School District	
Address: 10319 South Firmona Avenue	
T	CA Los Angeles County 90304 - 1419
<u>Lennox</u> City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 1 2 6 5 7 2 2 7	6. Novice Applicant Yes No
3. Applicant's T-I-N 9 5 - 6 0 0 1 8 4 8	7. Is the applicant delinquent on any Federal debt? Yes Vo
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 b	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Darian Gotti	A State G Public College or University B Local H Private, Non-Profit College or University
Address: 11033 Buford Avenue	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
Lennox CA 90304 - 2126 City State ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization
Tel. #: (310) 419-1800 Fax #: (310) 677-4635	E Individual K Other (Specify): F Independent School
	District
E-Mail Address: darian_gotti@lennox.k12.ca.us	
Application Information	
9. Type of Submission: 7 2004	12 Are any research activities involving human subjects planned at any time during the proposed project period?
—PreApplication —Application	
Construction Construction	Yes (Go to 12a.) Vo (Go to item 13.)
Non-Construction Non-Construction FARING	12a. Are all the research activities proposed designated to be exempt
10. Is application subject to review by Executive Order 12372 process?	from the regulations?
Yes (Date made available to the Executive Order 12372	Yes (Provide Extemption(s) #):
process for review): 7/7/2004	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	Lennox AVID Mentoring Project - a mentoring project designed
Program is not covered by E.O. 12372.	to provide academic mentoring services to 150 at-risk middle school students (6th grade - 8th grade) and elementary school
Program has not been selected by State for review.	students (6th grade)
Start Date: End Date:	
11. Proposed Project Dates: 10/1/2004 9/30/2007	
Estimated Funding Author	ized Representative Information
15. To the best	t of my knowledge and belief, all data in this preapplication/application are true and
	he document has been duly authorized by the governing body of the applicant and ant will comply with the attached assurances if the assistance is awarded.
	d Representative (Please type or print name clearty.)
c. State \$.00 Dr. Bru	ce McDaniel
t. Talo	perintendent
	(310) 330-4950 Fax #: (310) 671-0617
d. E-Mail Ad	ddress: bruce_encdaniel@lennox.k12.ca.us
f. Program Income \$.00	0.0

e. Signature of Authorized Representative

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

TO EGELY	Organizational Unit
Applicant Information	Qu.Det
Name and Address Legal Name: Pacific Camps and Family Resources	004
Address: 380 Mobil Avenue	GHOUSE 93010
Camarillo	State County ZIP Code + 4
City	Applicant Yes X_NO
2. Applicant's D-U-N-S Number 0 8 9 3 4 4 4 0 0 1 1 3. Applicant's T-I-N 7 1 7 1 - 1 0 1 5 1 7 1 8 1 8 1 0 1 4 1	7. Is the applicant delinquent on any Federal debt?Yes
Applicant's 1-1-10 Applicant's 1-10 Appl	8. Type of Applicant (Enter appropriate letter in the box.) L/_(
Title:	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or
Kenneth Harley 5. Project Director: 380 Mobil	Brilversity D - Indian Tribe E - Individual □ - Non-profit Organization U - Private, Profit-Making Organization
Address: CA 93010 Camarillo	K - Chaser (Specify):
E-Mail Address: Application Information 9. Type of Submission: -PreApplication Construction Non-Construction Non-Construction X Non-Construction	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): 7 / 7 / 04	Yes (Provide Exemption(s) #): No (Provide Assurance #):
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for models.	13. Descriptive Title of Applicant's Project: lew. Pacific Camps PATHS (Positive Adults: Teaching, Helping,
11. Proposed Project Dates: 10/ 1 / 2004 9 / 30 / 200 Start Date: End Date:	
Estimated Funding 15. To the best of	esentative information if my knowledge and hatief, still data in this preapplication/application are true The document has been duly authorized by the governing body of the applicant
h. Applicant \$00 and the appli	The document has been duly advisor to the document has been duly action to the docume
c. State 5	enneth Harley
e. Other \$ 00 b. Title:Ex	<u>482 - 5250</u> Fax #: (805) <u>384 - 9497</u>
f. Program Income \$	s: CampCamarilloBud@aol.com
g. TOTAL \$ 459,081. 00 e. Signature of A	Authorized Representative

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

4 North Inflational Inc.	feel trife of buildings not 4 case 6 case	V-100 graph			
Applicant Information			Organizational Unit		
1. Name and Address Chico Unif					
Address: 1163 East 7th	Street		Chico Junior/CAL		
Addition					
Chico	, market market and a second control of the	CA Butte			
City		State Cou	•		
2. Applicant's D-U-N-S Number 0 5		6, Novice ApplicantYesNo			
3. Applicant's T-I-N 9 4 - 1 5	9 1 6 5 0	7. Is the applicant delinquent on any Federal debt? Yes X No			
4. Catalog of Federal Domestic Assistance	e #: 84, 1 8 4 B	(If "Yes," attach an explanation.)			
Title: Mentoring Progra		8. Type of App	licant (Enter appropriate letter in the box.)		
111171		A - State	F - Independent School District		
Evic Nilggo		B - Local	G - Public College or University		
5. Project Director; Eric Nilsso		С - Specii University	1		
Address: 901 The Esplan	nade	D - Indlan E - I ndivid			
Chico Clty Tel. #: (530) 895 - 4137 Fax	CA 95926 7to code + 4	K - Other (Specify):			
		K - Other	(Specify).		
E-Mail Address: enilsson@chi	cousd.org				
Application Information					
9. Type of Submission: -PreApplication -Applica	tion	12. Are any research activities involving human subjects planned at any time during the proposed project period?			
Construction Cor	etruction	X Yes (Go to 12a.) No (Go to Ilem 13.)		
	-Construction	12a. Are all the research activities proposed designated to be			
10. Is application subject to review by Ext	ocutive Order 12372 process? e Executive Order 12372	exempt from the regulations? X Yes (Provide Exemption(s) #): 1, 4			
Yes (Date made avallable of the process for review):	06/04	No (Provide Аввигалсе #):			
No (If "No," check appropriate	box below.)		: Title of Applicant's Project:		
Program is not cov	een selected by State for review.	•	s One Mentoring Program		
11. Proposed Project Dates: 10/01/	09/30/07				
Start Dat	e: End Date:				
Estimated Funding	Authorized Represent	ative information	all data in this preapplication/application are true		
14a Federal \$.593,176			ly authorized by the governing body of the applicant		
b. Applicant \$			tached assurances if the assistance is awarded.		
c. State \$		itative (Please type or	rprint name clearly.)		
d. Local \$ 170,550			San Halfford Cale of District		
e. Other \$			ico Unified School District Fax #: (530) 891 - 3220		
f. Program Income \$	_, 00 c, Tel, #; (530) $\frac{891}{k}$				
g. TOTAL \$ 763,726					
Warmen and the second			nua 716,04		

Application for Federal Education Assistance



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp.

Education /				in the second second	ar ar a tar a tar	是"有其实"。中的"1474",被"发"。由"。""是这样。	Jarra e m
Applicant Information 1. Name and Address	nzijli	M			Organizational Unit		
Legal Name: Catholic	e Chari	ities Diocese o	f Oakland		Catholic Charities	of the East Bay	
Address: 433 Jefferso					Cuttons on an	- J	
Oakland				CA	Alameda	94607 - ZIP Code + 4	
City	, ,	83519954	8	State	County		
2. Applicant's D-U-N-S N					Novice Applicant	N/A	
3. Applicant's T-I-N 9	42677	7202		Title:	Mentoring Programs		
4. Catalog of Federal Dor	oonetin.	A ceigtance #.	84 184B	a construction of the cons	The the employed deli	inquent on any Federal debt? No	
			(OPER	2	GC"Yes." attach an	explanation.)	
5. Project Director: Mil						(Enter appropriate letter in the box.)	I
Address: 433 Jefferso	on Stre		I STATE OF THE	@ E	A State	G Public College or University H Non-Profit College or University	
Oakland		C/1 L	04007 - E	G E	Special District	I Non-Profit Organization	
City		State - 2	in close		D Indian Tribe E Individual	J Private, Profit-Making Organization K Other (Specify):	
Tel. #: (510) 768-31	88	Fax #: (510) 451-6998	JUL	7 20 maependent Scho		
E-Mail Address: milli	ie(a)ccc	eb.org		000			
			es amos that propries		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Application Info		ñon	18.15 January 17.17		of the second second second	Control of the Contro	4. 1994 P. 141
9. Type of Submission:		A. A	SCHOOL STATE OF THE STATE OF TH	The second secon	12. Are any research	activities involving human subjects pl	anned Go to item
Application					•	E are proposed from 13.)	
Non-Construct	lion				12a. Are all the re exempt from the r	esearch activities proposed designated	to be
Non-Constitue	HOH				Yes (Provide Exe		
						•	
10. Is application subject	to revi	ow by Executive	e Order 12372 p	process?	No are side A mo	urance #, if available):	
		ble to the Exec			(A0 (1-tolator yes)	urance #, ir avairancy.	
): 07/02/200 ⁴					
					13. Descriptive Title	of Applicant's Project:	
		Start Date:	End Date:		CCEB School-	Based Mentoring Project	
11. Proposed Project Dat	leve:	09/01/2004	08/31/20	07			
11. 1 toposeu i tojost izu							
346			2.5-12.0	e post of the		esentative Information	11111
Estimated Fun	ESTABLISHED TO					wledge and belief, all data in this prea	TOTAL SECTION AND ADDRESS OF THE PERSON AND
14a. Federal	\$	206,000	.00.		12 mail and a many times of the	of correct. The document has been duli	V
b. Applicant	\$	9,796	.00		authorized by the gove will comply with the a	erning body of the applicant and the al attached assurances if the assistance is	awarded.
* *	a.	0	00		. The sent Number of Author	migrad Parsescentative	
c. State	\$	0	.00		6	arbusas Terraza	3
d. Local	\$	0	.00.		b. Title	ve Duecto	
e. Other	S	12.500	.00.	1 1			
		()	00			5 Pax #57 () 451-6998	
f. Program Income	\$	()	.00		d. E-Mail Address: 🦙	urbora Ciceb of	3
g. TOTAL	\$	228,296	.00.		e. Signature of Authorize	ed Representative	•
REV. 11/12/99					A STATE OF THE STA	Add and the state of the state	ED 424
a sale to a sale sale of the							

Application for Federal Education Assistance (ED 424) Applicant Information 1. Name and Address Legal Name: Big Brothers Big Sisters of Address: County 14131 Yorba Street,	<u>Orange</u>		
Tustin CA	Orange 92780		
2. Applicant's D-U-N-S Number 0 6 6 1 5 5 6 5 6	6. Novice Applicant X Yes No		
3. Applicant's T-I-N 9 5 - 1 9 9 2 7 0 2	7. Is the applicant definquent on any Federal debt?Yes \underline{X} No		
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 BI	(If "Yes," attach an explanation.)		
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)		
5. Project Director. Noly Guardamondo Address: 14131 Yorba Street, Ste. 200 Tustin CA 92780 City State Zip code + 4 Tel. #: (714544-7773 Fax #: (714) 544-7643 E-Mall Address: NGuardamondo@bigbrooc.org	A - State B - Local C - Special District University D - Indian Tribe E - Individual F - Independent School District G - Public College or University H - Private, Non-profit College or I - Non-profit Organization J - Private, Profit-Making Organization K - Other (Specify):		
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction Non-Construction Non-Construction	Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)		
10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review):	12a. Are all the research activities proposed designated to be exempt from the regulations?Yes (Provide Exemption(s) #):		
	No (Provide Assurance #):		
No (If "No," check appropriate box below.)Program is not covered by E.O. 12372Program has not been selected by Stale for review.	13. Descriptive Title of Applicant's Project:		
11. Proposed Project Dates: 10/1/04 9/31/07	Tri-County BBBS School-Based		
Start Date: End Date:	Mentoring Program		
Estimated Funding Authorized Representati 15. To the best of my kno	ve Information wledge and belief, all data in this preapplication/application are true		
14a. Federal \$ <u>220,875</u> . 00 and correct. The doca	ument has been duly authorized by the governing body of the applicant		
b. Applicant \$ 56,100 . 00 and the applicant will	comply with the attached assurances if the assistance is awarded.		
	ive (Please type or print name clearly.)		
d.Local \$00 Patricia A.	williams we Director		
, or b, me.	The state of the s		
f. Program Income \$00			
d. E-Mail Address: <u>PWilliams@bigbrooc.org</u> g. TOTAL \$ <u>276,975</u> .00 e. Signature of Authorized Representative			
- (at recognition	William Date: 7,5,04		

APPLICATION FOR		O DATE OUDMITTED		Applicant Iden	Version 7/03
FEDERAL ASSISTANCE	-	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Organizational	I Init:	
Legal Name:	"		Department:	Onit.	
California Urban Water Conserva	ation Council		NA Division:		
Organizational DUNS: 944524552			NA		
Address: Street:		WEDT	Name and telep	phone number of pe application (give are	rson to be contacted on matters
455 Capitol Mall, Suite 703			Prefix:	First Name:	
City:	HDH	7 000	Ms. Middle Name	Mary Ann	
Sacramento	JUL JUL	7 2004	D.		
County: Sacramento		TON ALASTON	Last Name Dickinson		
State: California	ZID-Code 958144 TF () FA	RINGHAI	Suffix:		
Country: U.S.A.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Email: maryann@cuwo	cc.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number ((give area code)	Fax Number (give area code)
68-0318069			916-552-5885		916-552-5877
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See back	k of form for Application Types)
☑ New	Continuatio	n 🔲 Revision	O (Not for Profit	Organization)	
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
	, L				
Other (specify)				DERAL AGENCY: ntal Protection Agenc	cy (U.S. EPA)
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTI	VE TITLE OF APPLI	CANT'S PROJECT:
66-463			Developing a Framework for a National Consortium for Water		
TITLE (Name of Program):			Efficiency.		
Water Quality Cooperative Agreement 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
ALL U.S.A.	•				
13. PROPOSED PROJECT			14. CONGRESS	SIONAL DISTRICTS	OF:
Start Date:	Ending Date: November 2005		a. Applicant 5th		b. Project All Districts
August 2004 15. ESTIMATED FUNDING:	November 2005	/		TION SUBJECT TO	REVIEW BY STATE EXECUTIVE
			ORDER 12372 P	PROCESS?	I/ADDI ICATION WAS MADE
a. Federal \$		210,000 .	, , , , ,		I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		40,000		DCESS FOR REVIEW	VON
c. State \$.00	DAT	E: 7/7/04	
d. Local \$.00	b. No. 🔲 PRO	OGRAM IS NOT COV	'ERED BY E. O. 12372
e. Other \$	MR 10 10 10 10 10 10 10 10 10 10 10 10 10	.00	n OR		T BEEN SELECTED BY STATE
f. Program Income \$.00		R REVIEW LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	ANN MARKET	250,000	Yes If "Yes"	attach an explanatior	n. 🛭 🗷 No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE					RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF 7	HE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF 1 a. Authorized Representative	HE ASSISTANCE IS A	WARDED.			
Prefix Ms.	First Name Mary Ann			⁄liddle Name D.	
Last Name Dickinson	1			Guffix	and the second s
b. Title Executive Director			c. Telephone Number (give area code) 916-552-5885		(give area code)
d Signature of Authorized Representative			e. Date Signed		
Previous Edition Usable) Seller	1 /02		July 6, 2004	Standard Form 424 (Rev.9-2003)

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)	U.S. Department of Education Form Approved OMB No. 1875-0106
Applicant Information	Exp. 11/30/2004
1. Name and Address Legal Name; Oakland Unified School District	Organizational Unit Alternatiave Education
Address: 1025 Second Street JUL 7 200	14. 15
Oakland Clty	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 6 5 5 4 5 0 0	6. Novice Applicant Yes X No
3. Applicant's T-I-N 9 4 - 6 0 0 0 3 8 5	7. Is the applicant delinquent on any Federal debt? Yes X No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Program	
VI	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Monica Vaughan	A State G Public College or University
Address: 920 - 53rd Street Oakland CA 94608 - 3143	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
Oakland CA 94608 - 3143 City State 7 IP Code + 4	D Indian Tribe J Private, Profit-Making Organization
Tel, #: (510) 879-2904 Fax #: (510) 879-4094	E Individual K Other (Specify):
	F Independent School District
E-Mail Address: monica.vaughan@secmail.ousd.k12.ca.us	
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time
—PreApplication —Application	during the proposed project period?
Construction	Yes (Go to 12a) X No (Go to item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be exempt
10 lean Continue and Lorent Land	from the regulations?
10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372)	Yes (Provide Exemption(s) #):
process for review): 07/06/04	No (Provide Assurance #):
	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	OUSD's Each One, Teach One mentoring program will
Program Is not covered by E.O. 12372.	serve 90 high-risk 6th-8th grade students per year, through a partnership with three local non-profit
Program has not been selected by State for review,	commity organizations.
Start Date: End Date:	
11. Proposed Project Dates: 10/01/04 09/30/07	
Estimated Funding Author	ized Representative Information
14a. Federal \$ 200,000 .00	of my knowledge and belief, all data in this preepplication/application are true and
the applica	the document has been duly authorized by the governing body of the applicant and ant will comply with the attached assurances if the assistance is awarded.
D. Auditzint	d Representative (Please type or print name clearly.)
c. State \$.00 Kandolp	h E. Ward, Ed. D.
d. Local \$.00	nte Administrator
	(510) 970 92(V)
e. Other \$,00 c. Tel, #;(510) 879-8200 Fax #: (510) 879-8800
f. Program Income \$.00 d. E-Mell Ad	PATILITY I I I
g. TOTAL \$ 200,000 0.00 e. Signature	of Authorized Representative Date:

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Applicant Information	TO EGE	Organizational Unit
Name and Address Legal Name: Pacific Camps and Far	IIII -	
Address: 380 Mobil Avenue		2004
	The second second	23185
Camarillo	OTTO THE OTTO	CA Ventura 93010
City	The second section of the sect	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 8	9 3 4 4 0 0 1 1	6. Novice ApplicantYes _X_No
3. Applicant's T-I-N 7 7 - 0 5		7. Is the applicant delinquent on any Federal debt?Yes _X_No (If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance Mentoring Programs Title:		8. Type of Applicant (Enter appropriate letter in the box.)
Kenneth Harley		A - State F - Independent School District B - Local G - Public College or University
5. Project Director: 380 Mobil		C - Special District H - Private, Non-profit College or University
Address:	CA 00010	D - Indian Tribe I - Non-profit Organization
Camarillo	CA 93010	E - Individual J - Private, Profit-Making Organization
City Tel. #: (805) <u>482- 5250</u> Fax #: (State Zip code + 4	K - Other (Specify):
CampcamarilloBud@)aol.com	
E-Mail Address:		
Application Information		12. Are any research activities involving human subjects planned at
9. Type of Submission: -PreApplication -Applica		any time during the proposed project period?
	struction n-Construction	Yes (Go to 12a.) _X No (Go to item 13.)
		12a. Are all the research activities proposed designated to be
10. Is application subject to review by Ex X Yes (Date made available to	ecutive Order 12372 process? The Executive Order 12372	exempt from the regulations? Yes (Provide Exemption(s) #):
process for review): 7	<u> </u>	
No (If "No," check appropriate	box below.)	No (Provide Assurance #):
Program is not cov	ered by E.O. 12372	13. Descriptive Title of Applicant's Project:
Program has not b	een selected by State for review.	Pacific Gamps PATHS (Positive Adults: Teaching, Helping,
11. Proposed Project Dates: 10/1 /	2004 9 / 30 / 2007	Alaman and a second a second and a second and a second and a second and a second an
Start Dat	e: End Date:	Shepherding) : entoring Project
Estimated Funding	Authorized Representa 15. To the best of my ki	ative Information nowledge and belief, all data in this preapplication/application are true
14a. Federal \$ <u>459,08</u>	_	ocument he seen duly authorized by the governing body of the applicant
b. Applicant \$	00 and the applicant w	vill comply with the attached assurances if the assistance is awarded.
c. State \$	_, 00 a. Authorized Represent	tative (Please type or print name clearly.)
d. Local \$. 00 Kenneth	Harley
e. Other \$. 00 b. Title: Executiv	e Director
f. Program Income \$		- 5250 Fax #: (805) 384 - 9497
		CampCamarilloBud@aol.com
g. TOTAL \$ 459,01		
	Teming ?	Horle, Date: 7 / 2 / 2004
		\mathcal{C}

Application for Federal			U.S. Department of Education
Education Assistance (El	D 424)		Form Approved OMB No. 1875-0106
		WEIN	Бър. 11/30/2004
Applicant Information Name and Address Legal Name	nunity Center 7	2004 Org	anizational Unit
Address: 4920 S. Avalon Blvd.	CTATE CLEADI	ic Holice	
Los Angeles	CA	USA	90011 - 4004 ZIP Code + 4
City	State	County	Zir Code + 4
Applicant's D-U-N-S Number 0 8 0 0	7 4 4 4 6	6. Novice Applicant	_YesNo
. Applicant's T-I-N 9 5 - 1 6 9 0		7. Is the applicant delin- (If "Yes," attach an e	quent on any Federal debt?Yes _X_Nexplanation.)
. Catalog of Federal Domestic Assistance #: 84_	1 8 4 B		
Title: Mentoring Programs	•	8. Type of Applicant (E	inter appropriate letter in the box.) $ \underline{1} $
5. Project Director:: Thyra Cushenberry		A - State B - Local	F - Independent School District G - Public College or University L District No. 2006 College or University
Address: 4920 Avalon Blvd.	Ţ.	C - Special District D - Indian Tribe	H - Private, Non-profit College or University I - Non-profit Organization J - Private, Profit-Making Organization
Los Angeles CA City State Tel. #: (323) 232-4391 - Fax	Zip code + 4 ** (323) 232 - 0481	K - Other (Specify):) - Private, Profit-Maxing Organization
E-Mail Address:thyracush@eaarthlin Application Information Type of Submission: -PreApplication	n truction	any time during th Yes (Go to 12 12s. Are all the re exempt from	tivities involving human subjects planned at a proposed project period? (a) X No (Go to item 13.) escarch activities proposed designated to be a the regulations?
Yes (Date made available to the Executive process for review): 7/2/	utiye Qrder 12372	Yes (Provide	Exemption(s) #):
	•	No (Provide A	Assurance #):
No (If "No," check appropriate box be Program is not covered by Program has not been sele	E.O. 12372.	13. Descriptive Title of	
11. Proposed Project Dates: 10 / 1 / 04 Start Date:		Project Individuals Can	ICAN Mentor Achieve Now
Estimated Funding		wiedge and belief, all data	in this preapplication/application are true
14a. Federal 8.54/, 102.00			ized by the governing body of the applicant
b. Applicant \$00			assurances if the assistance is awarded.
c. State \$00	a. Authorized Representat	ive (Please type or print ne	ame clearly.)
d. Local \$,00	Lawrence E. R.	odgers	
e. Other \$00	b. Title: Executive D		- The state of the
f. Program Income \$00			Fex #: (323) <u>232- 0481</u>
- /.		larryrodgers@aval	on-carver.org
g. TOTAL \$ 541,102.00	e. Signature of Authorize	ed Representative	Data: 7,2,04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

6192990261

Name and Address: San Diego CA San Diego State San Diego State San Diego State San Diego State State San Diego State State San Diego State	7399 ^r es <u>X</u> N
San Diego City San Diego City State County ZIP Code + 4 Applicant's D-U-N-S Number 0 8 7 5 8 1 1 5 3 Applicant's T-I-N 9 5 - 6 0 0 0 9 3 3 Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Title: Mentoring Programs 8. Type of Applicant delinquent on any Federal debt? (If "Fes," attach an explanation.) Project Director: Charles Daleo, Ed.D. Address: S404 Napa Street San Diego CA 92110 - 2627 City State Zip code + 4 Tel. #: (619) 718 - 6674 Fax #: (619) 299 - 6261	res <u>X</u> 1
State County ZIP Code + 4	res <u>X</u> 1
City State County ZIP Code + 4 Applicant's D-U-N-S Number \[0 \] \[8 \] \[7 \] \[5 \] \[8 \] \[1 \] \[1 \] \[5 \] \] \] Applicant's T-I-N \[9 \] \[5 \] \[- \] \[6 \] \[0 \] \[0 \] \[0 \] \[9 \] \[3 \] \] Catalog of Federal Domestic Assistance #: 84. 1 \[8 \] \[4 \] \[8 \] \] Title: \[Mentoring Programs \] 8. Type of Applicant (Enter appropriate latter in the bolication of the proposed project Dates: 10 \] \[0 \] \[res <u>X</u> 1
Applicant's D-U-N-S Number 0 8 7 5 8 1 1 5 3 Applicant's T-I-N 9 5 - 6 0 0 0 9 3 3 Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Citle: Mentoring Programs Project Director: Charles Daleo, Ed.D. Address: 5404 Napa Street San Diego CA 92110 - 2627 City State Zip code + 4 Tel. #: (619) 718 - 6674 Fax #: (619) 299 - 62611 B-Mail Address: chasxmex@sdoce.net pplication Information Type of Submission: -PreApplication Application Construction X Non-Construction X Non-Construction Yes (Date made available to the Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process? Yes (Provide Exemption(s) #): Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10 / 01 / 04	
Applicant's T-I-N 9 5 - 6 0 0 0 9 3 3 Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Sittle: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the bound of the project Director: Charles Daleo, Ed.D. Address: San Diego CA 92110 - 2627 State Zip code + 4 Fel. #: (619) _ 718 - 6674 Fax #: (619) _ 299 -6261 Green of the project Director of the project Dates: Proplication Information Type of Submission: -PreApplication Construction Construction Non-Construction San Diego Construction Application Information Type of Submission: -PreApplication - Application Non-Construction N	
Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Catalog of Federal Domestic Assistance #: 10. Indian Tribe Bot Indian Tribe Bot Indian Tribe Indian	
8. Type of Applicant (Enter appropriate letter in the bound of the project Director: Charles Daleo, Ed.D.	.)
A - State B - Local G - Public College or University H - Private, Non-profit Organization D - Indian Tribe B - Individual J - Private, Non-profit Organization B - Individual J - Private, Non-profit Organization J - Private, Profit-Making Organiz K - Other (Spacify): Country Office of Education San Diego CA 92110 - 2627 Evaluation State Zip code + 4 Cel. #: (619) 718 - 6674 Fax #: (619) 299 - 6261 B-Mail Address:chasxmex@sdcoe.net PerApplication Information Type of Submission: -PreApplication Construction Construction Non-Construction X Non-Construction Is application subject to review by Executive Order 12372 process for review): No (W "No," check appropriate box below.) Program is not covered by E.O. 12372. X Program has not been selected by State for review. Proposed Project Dates: 10/01/04 09/30/07	.) _K_
B - Local G - Public College or University C - Special District C - Special Distric	
Project Director: Charles Daleo, Ed.D. Address: 5404 Napa Street San Diego CA 92110 - 2627 City State Zip code + 4 Fel. #: (619) 718 - 6674 Fax #: (619) 299 - 6261 F B-Mail Address: chasxmex@sdooe.net Preplication Information Type of Submission: -Preapplication	
D. Indian Tribe E. Individual I. Non-profit Organization J. Private, Profit-Making Organiz K. Other (Specify): Country Office of Education San Diego CA 92110 - 2627 City State Zip code + 4 Cel. #: (619)7186674	University
San Diego CA 92110 - 2627 K - Other (Specify): County Office of Education	
San Diego CA 92110 - 2627 State Zip code + 4 cl. #: (619)7186674	MOH
Proposed Project Dates: 10/01/04 09/30/07 3-Mail Address: chaskmex@sdcoe.net Pication Information Construction Application Yes (Go to 12a) X No (Go to item 13.)	
Proposed Project Dates: 10/01/04 09/30/07 12. Are any research activities involving human subject any time during the proposed project period? Yes (Go to 12a) X No (Go to item 13.) Yes (Go to 12a) X No (Go to item 13.) Yes (Date made available to the Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 Yes (Provide Exemption(s) #): No (Provide Assurance #): No (Provide Assurance #): No (Proposed Project Dates: 10/01/04 09/30/07 Proposed Project Dates: 10/01/04 09/30/07 Proposed Project Dates: 10/01/04 09/30/07 Proposed Project Dates: 10/01/04 09/30/07 Program is not covered by E.O. 12372. Friday Night Live Mentoring: A Consortium Application Proposed Project Dates: 10/01/04 09/30/07 Program has not been selected by State for review.	
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ype of Submission: -PreApplication -Application -Construction Non-Construction Non-Construction X Non-Construction Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process? Program is not covered by E.O. 12372. X Program has not been selected by State for review. 12. Are any research activities involving human subject any time during the proposed project period? Yes (Go to 12a) X No (Go to item 13.) 12a. Are all the research activities proposed design exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Friday Night Live Mentoring: A Consortium Application Proposed Project Dates: 10/01/04 09/30/07	
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X Program has not been selected by State for review. Friday Night Live Mentoring: A Consortium Application Proposed Project Dates: 10 / 01 / 04	
Proposed Project Dates: 10 / 01 / 04 09 / 30 / 07	
Graft Pate. End Date.	-

timated Funding Authorized Representative Information	
15. To the best of my knowledge and belief, all data in this preapplication/application	
Federal S 200,000, 00 and correct. The document has been duly authorized by the governing body of the	applicant
pplicant \$00 and the applicant will comply with the attached assurances if the assistance is awa	ded.
ate \$ 00 a. Authorized Representative (Please type or print name clearly.)	<i>t</i>
ocal \$OO	1001 9
ther \$00 b. Title: Assistant Superintendent, Business SCIVICES	.0020
ogram Income \$00 c. Tel. #: (858) 292 - 3618 Fax #: (858) 541 - 0697	
d. E-Mail Address:dshelton@sdcoc.net	
FOTAL \$000,000.00 e. Signature of Authorized Representative	
Kichen I D / Rome	
Richard D. Thome for Donald Shelton	7, 2
Assistant Superintendent Human Resources and Technology	7,2

Application for Federal Education Assistance (ED 424)



C.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant information	Organizational Unit
Name and Address Legal Name: Ascension Lutheran Church	Ascension Lutheran Church
Address: 5280 West Blvd	
Los Angeles	
2. Applicant's D-U-N-S Number 1 8 3 8 8 1 1 8 3	6. Novice Applicant _X_YesNo
3. Applicant's T-I-N _9 _ 5 1 _ 7 _ 9 _ 5 _ 5 _ 77 _	7. is the applicant delinquent on any Federal debt?YesX_No (If *Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84:1181818 VED Title: _Mentoring Program	8. Type of Applicant (Enter appropriate letter in the box.) A - State F - Independent School District
5. Project Director. Nancy Barbee	B - Local G - Public College or University C - Special District H - Private, Non-profit College or University
Address:5280 West Blvd. STATE CLEARING HOUSE	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
Los Angeles CA 90043 3023 Clty State Zip code + 4 Tel. #: (310) 206-2427 Fax #: ()	K - Other (Specify): Falth-based
E-Mall Address: nbarbee@conet.ucla.edu	
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction X Non-Construction 10. Is application subject to review by Executive Order 12372 process?	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) Z No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations?
_X Yes (Date made available to the Executive Order 12372 process for review): _7 /_02 _ /04	Yes (Provide Exemption(s) #):
No (If "No," check appropriate box below,)	No (Provide Assurance #):
Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:
11. Proposed Project Dates:10/01/04	Academic Center of Excellence Mentoring Program
Estimated Funding Authorized Represent 15. To the best of my k	ative information nowledge and belief, all data in this preapplication/application are true
14a. Federal \$198,37500 and correct. The de	ocument has been duly authorized by the governing body of the applicant
b. Applicant \$ 00 and the applicant v	will comply with the attached assurances if the assistance is awarded.
с. State \$ 00 a. Authorized Represen	tative (Please type or print name clearly.)
d. Local \$00Carl Jones	
e. Other \$29,600 00 b. Title:President	
f. Program Income \$ 00 c. Tel. #: (323) 282-995	55Fax#: (323) 292-8965
d. E-Mail Address: past	oralstarr@aol.com
g. TOTAL \$227,975, 00 e. Signature of Author	ized Representative
- Clist (Date: 07/04/04

Application for Federal Education Assistance (ED 424)



3. Department of Education

Applicant Information	Organizational Hait
1. Name and Address	Organizational Unit
Legal Name: Newport-Mesa Unified School District	
Address: 2985 Bear Street	
Building A	
Costa Mesa	CA Orange 92626 - 4300
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 8 1 1 7 3 0 8 0	6. Novice ApplicantYes _X_No
3. Applicant's T-I-N <u> 9 5 - 2 4 1 7 7 3 8 </u>	7. Is the applicant delinquent on any Federal debt?Yes _X_No
4. Catalog of Federal Domestic Assistance #: 84) 17 08 1 1 1 1	(If "Yes," attach an explanation.)
Title: Mentoring Programs JUL 0 6 2004	8. Type of Applicant (Enter appropriate letter in the box.)
JOL V 6 2004	A - State F - Independent School District
5. Project Director: Christine Jurenka	B - Local G - Public College or University
1 STATE CLEARING HOU	SE C - Special District H - Private, Non-profit College or University
Address: 2985 Bear Street, Building A	D - Indian Tribe I - Non-profit Organization
Costa Mesa CA 92626-4300	E - Individual J - Private, Profit-Making Organization
City State Zip code + 4 Tel. #: (714) 424-7535 Fax #: (714) 424-5073	K - Other (Specify):
	•
E-Mail Address: _cjurenka@nmusd.us	
Application Information	
9. Type of Submission: -PreApplication -Application	12. Are any research activities involving human subjects planned at any time during the proposed project period?
ConstructionX Construction	Yes (Go to 12a.) X No (Go to item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be
10. Is application subject to review by Executive Order 12372 process?	exempt from the regulations?
X Yes (Date made available to the Executive Order 12372 process for review): 07 / 07 / 2004	Yes (Provide Exemption(s) #):
	No (Provide Assurance #):
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:
Program has not been selected by State for review.	
11. Proposed Project Dates: 10 / 1 / 2004 9 / 30 / 2007	Project Caring Connections
Start Date: End Date:	
Estimated Funding Authorized Representa 15. To the best of my kn	tive Information owledge and belief, all data in this preapplication/application are true
14a Federal \$ 572,932.0500 and correct. The do	cument has been duly authorized by the governing body of the applicant
o. Applicant \$ 109 122 7800 and the applicant wi	ill comply with the attached assurances if the assistance is awarded.
	ative (Please type or print name clearly.)
d. Local \$ 00 Robert J. Bart	oot
e. Other \$ 00 b. Title: <u>SuperIntend</u>	ent
f. Program Income \$, 00 c. Tel. #: (714) <u>424-5</u>	033 Fax #: (714) 424-5018
d. E-Mail Address: <u>rba</u>	arbot@nmusd.us
g. TOTAL \$ 682 054 8400 e Signature of Authoriz	zed Repr ocen tative
-t7 . Quin	Date: 6,18,04
	(1)

APPLICATION FOR FEDERAL ASSISTANCE	•	2 have cuping				Version 7/0:
		2. DATE SUBMITTED July 11, 2	2004	Applicant Ider	ntifler	
1. TYPE OF SUBMISSION; Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier	10
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION Legal Name:		4			4.117	
Valley Economi	c Davelopmer	ot Combon	Organizational Unit: Department:	· · · · · · · · · · · · · · · · · · ·		
Organizational DUNS:	- 44/	ic Center	Division:		· · · · · · · · · · · · · · · · · · ·	
Address:	087653					
Street:			Name and telephone involving this applic	number of pe	rson to be co	ontacted on matters
5121 Van Ni	lys Blvd,3rd	l Floor	Profix:	First Name: R	oberto	418
City: Van Nuys	Physical	3115	Middle Namo	<u> </u>	<u> </u>	
County:	1	v 1 h =	Last Name	/NI		
Los Angele	Zip Code		Bar Suffix:	ragan		The second secon
CA Country:	9140	3				
U.S.A.		_	Email: rober	to@vedc	- Ora	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	rea codu)	Fax Number	(give area code)
95-3139419			(818) 907-		(818)	907-9720
8. TYPE OF APPLICATION:	n r o	Process.	7. TYPE OF APPLICA	ANT: (See back	of form for A	pplication Types)
X New Revision, enter appropriate lette	ar(c) in hov(ac)	n Ni Revision		N		
(See back of form for description	of letters.)		Other (specify)			
Other (specify)	II		Non-Profit	AL AGENCY:		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBER.	Dept. of H	ealth &	Human	Services
The state of the property of t	OMESTIC ASSISTANC	1116	11. DESCRIPTIVE TI	TLE OF APPLIC	CANT'S PRO	JECT:
TITLE (Namo of Program):	_	93-570	Pacoima	Equity	Tovact	ment
TITLE (Name of Program): Commun. Serv. E 12. AREAS AFFECTED BY PRO	Block Grant-	Discretionar	Pr	oject	T111 C2C	menc
		•				
Northeast San Fe	rnando vall	ey, City of L	A 14. CONGRESSIONA	L DICTRICTO C	>r.	
Stan Date: October 2004	Ending Dale:		a Applicant		b. Project	
15. ESTIMATED FUNDING:	Mare	ch 2007	26 16. IS APPLICATION	SUB IECT TO	26,27,	28,30,31
a. Federal \$		םט	ORDER 12372 PROCE	FCCウ		1
1	\$700,00	0	a. Yes, X THIS PRE	APPLICATION/ LE TO T HE STA	/APPLICATIO TE EXECUT.	N WAS MADE IVE ORDER 12372
b. Applicant \$, 00	PROCES	S FOR REVIEW	ON	VI ONDER 12.372
c. State \$		"pu	DATE:]	Tuly 6,	2004	
d. Local \$		-\1		M IS NOT COVE		5. 12372
e. Olher \$		00	12,110. 77.0			CTED BY STATE
f. Program Income \$, DU	FOR REV	IFW		
g. TOTAL \$		00	17. IS THE APPLICAN	NI DELINGUEN	II ON ANY F	EDERAL DEBT?
	\$700,000	•	Yes if "Yes" attach	an explanation.	ξX	Î No
18. TO THE BEST OF MY KNOV DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IS TO	VLEDGE AND BELIEF, JUTHORIZED BY THE O	ALL DATA IN THIS APP	LICATION/PREAPPLIC	ATION ARE THE	RUE AND CO	RRECT. THE
ATTACHED ASSURANCES IF TI	LE ASSISTANCE IS AV	VARDED.	THE APPLICANT AND	THE APPLICAN	H WILL CON	IPLY WITH THE
	First Name Robe	erto	Middle I	Name		70
Last Name D	- V-1	310	Sullix	71/2	1 10	
Barraga	n	R G E A	W B Thi	·		
Preside			(8	hone Number (e 18) 907-	9 7 7	
d. Signalure of Authorized Repres	entative		e Date	Signed	y, 6 2	004
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TO LOCAL (VALUE OF THE OWN OF THE OWN OF THE OWN OF THE OWN OWN OF THE OWN					Prescribed by	OMB Circular A-102
	- V- I	STATE CIFARII	IGHOUSE			

Standard Face Sheet

Application for Federal Education Assistance



U.S. Department of Education Form Approved OMB No. 1875-0106

Exp.

	argaret Home Inc	<u>.</u>	Organizational Unit		
Address: 1350 Third Street La Verne City		CA State	Los Angeles County	91750 - ZTP Code + 4	
Applicant's D-U-N-S Numb Applicant's T-I-N	per 07624353	d	6. Novice Applicant tle: Mentoring Programs	Yes	
Catalog of Federal Domesti Project Director: Gene F	•	84 184B	(if "Yes," attach an	nquent on any Federal debt? No explanation.) (Enter appropriate letter in the box.)	Ī
Address: 1350 Third La Verne City Tel. #: (909) 596-5921		91750 - ZI ^D Code + 4	A State B Local C Special District D Indian Tribe E Individual	G Public College or University H Non-Profit College or University l Non-Profit Organization J Private, Profit-Making Organization K Other (Specify):	
E-Mail Address: grahamg			F Independent Scho	of District	

Application Information

9. Type of Submission:

--Application

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes Date made available to the Executive Order 12372 process for review): 07/06/2004

11. Proposed Project Dates:

REV. 11/12/99

Start Date:	End Date:
10/01/2004	09/30/2007
ł	

12. Are any research activities involving human subjects planned at any time during the proposed project period?

12a. Are all the research activities proposed designated to be exempt from the regulations? Yes

Yes (Provide Exemption(s)#):

1, 2, 4, 5 No (Provide Assurance #, if available): JUL 2004 13. Descriptive Title of Applicant's Project: David & Margaret Home Mentor Program

Estimated Fun	ding		
14a. Federal	\$	153,990	.00
b. Applicant	\$	2,040	.00.
c. State	\$	0	.00
d. Local	\$	34,019	.00
e. Other	\$	6,105	.00.
f. Program Income	\$	0	.00.
g. TOTAL	\$	196,154	.00

- Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
- a. Typed Name of Authorized Representative

Charles C. Rich

b. Title

Executive Director

- c. Tel. #: (909) = 596-5921 Fax #: (909) = 596-7583
- d. E-Mail Address: RichC@DMHome.org.
- e. Signature of Authorized Representative

ED 424

650-6542944 ${f 4}$ pplication for ${\sf F}$ ederal U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004 ducation Assistance (ED 424) Applicant Information 1. Name and Address Organizational Unit Legal Name: Big Brothers Big Sisters of San Francisco & the Peninsula 600 Townsend Street, Suite 120e San Francisco San Francisco State County ZIP Code + 4 2. Applicant's D-U-N-S Number 6. Novice Applicant 3. Applicant's T-I-N 9 4 7. Is the applicant delinquent on any Federal debt? Yes No 4. Catalog of Federal Domestic Assistance #: 8 (If "Yes," attach an explanation.) 4 1 Title KISmet: Kids in School Meeting their Match 8. Type of Applicant (Enter appropriate letter in the box.) 5. Project Director: Nancy Torrey A State G Public College or University Address: 600 Townsend Street, Suite 120e B Local H Private, Non-Profit College or University C Special District Non-Profit Organization San Francisco 94103 - 4955 D Indian Tribe Private, Profit-Making Organization City ZIP Code + 4 E Individual Other (Specify): Tel. #: (415) 503-4058 Fax #: (415) 503-4051 Independent School District E-Mail Address: __ntorrey@sf-bbbs.org Application Information 9. Type of Submission: Are any research activities involving human subjects planned at any time during the proposed project period? -PreApplication -Application Construction Construction Yes (Go to 12a.) Vo (Go to item 13.) 2004 Non-Construction Non-Construction Are all the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 process? Yes (Provide Exemption(s) #); Yes (Date made available to the Executive Order 12372 No (Provide Assurance #): process for review); 7/6/2004 13. Descriptive Title of Applicant's Project: No (If "No," check appropriate box below.) KISmet: Kids in School Meeting their Match / Program is not covered by E.O. 12372, Year-round one-to-one school-based mentoring Program has not been selected by State for review. Start Date: End Date: 10/1/2004 9/30/2007 11. Proposed Project Dates: Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/application are true and 194,200.00 correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. b. Applicant \$ 6,100.00 a. Authorized Representative (Please type or print name clearly.) c. State \$ 00.0Sherry Squire Mitchell b. Title

Estimated Funding 14a. Federal **Executive Director** d. Local 00.00(415) 503-4055 (503) 415-4051 Fax #: 23,500.00 e. Other d. E-Mail Address: ssmitchell@sf-bbbs.org f. Program Income 00.0223,800.00 7/6/2004 g. TOTAL

Application for Federal Education Assistance (ED 424)



U.S. Department of Educa

1. Name and Address Legal Name: Lake County Office of Education Address: 1152 South Main Street Lakeport	o I
Lakeport City 2. Applicant's D-U-N-S Number 1 0 0 0 9 9 9 2 3. Applicant's T-I-N 9 4 - 2 7 6 0 9 4 2 4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.) 5. Project Director: Joyce Elmer C. Special District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University C - Special District H - Private, Non-profit College or University C - Special District H - Private, Non-profit College or University C - Indian Tribe E - Individual J - Private, Profit-Making Organizat K - Other (Specify): County Office of Education Lakeport	J
Lakeport City 2. Applicant's D-U-N-S Number 1 0 0 0 9 9 9 2 3. Applicant's T-I-N 9 4 - 2 7 6 0 9 4 2 4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.) 5. Project Director: Joyce Elmer	J
City State County ZIP Code + 4 2. Applicant's D-U-N-S Number 1 0 0 0 9 9 9 2 3. Applicant's T-I-N 9 4 - 2 7 6 0 9 4 2 4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.) A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or U D - Indian Tribe 1 - Non-prof	J
2. Applicant's D-U-N-S Number \[\begin{align*} 1 & 0 & 0 & 0 & 9 & 9 & 9 & 9 & 2 \end{align*} 2. Applicant's T-I-N \[\begin{align*} 9 & 4 & 2 & 2 & 7 & 6 & 0 & 9 & 4 & 2 & 2 \end{align*} 3. Applicant's T-I-N \[\begin{align*} 9 & 4 & 2 & 2 & 7 & 6 & 0 & 9 & 4 & 2 & 7 \end{align*} 4. Catalog of Federal Domestic Assistance #: 84. \[\begin{align*} 1 & 8 & 4 & B & 8 \end{align*} 5. Project Director: \[\begin{align*} 1 & 0 & 0 & 0 & 9 & 9 & 9 & 9 & 2 & 2 & 9 & 9 & 9 & 2 & 2	J
4. Catalog of Federal Domestic Assistance #: 84 1	J
A - State F - Independent School District B - Local G - Public College or University A - State F - Independent School District B - Local G - Public College or University A - State F - Independent School District B - Local G - Public College or University A - State F - Independent School District D - Indian Tribe I - Non-profit Organization E - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organizat K - Other (Specify): County Office of Education K - Other (Specify): County Office of Education Application Information Type of Submission: - PreApplication	ı
A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or U D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organizat Lakeport CA 95453 5598 City State Zip code + 4 Tel. #: (707) 279 - 4607 Fax #: (707) 279 - 4092 E-Mail Address: jelmer@lake-coe.k12.ca.us Application Information - Application - Application - Application Construction Construction X Non-Construction X Non-Construction X Non-Construction X Non-Construction X Non-Construction 12a. Are all the research activities proposed designs	ı
B - Local G - Public College or University C - Special District D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Non-profit Organization E - Individual J - Private, Profit-Making Organizat Lakeport CA 95453 5598	f
C - Special District D - Indian Tribe D	ť
Address: 1152 South Main Street Lakeport, CA 95453 5598 City State Zip code + 4 Tel. #: (707) 279 - 4607 Fax #: (707) 279 - 4092 E-Mail Address: jelmer@lake-coe.k12.ca.us Application Information Type of Submission: -PreApplication	t
City State Zip code + 4 Tel. #: (707) 279 - 4607 Fax #: (707) 279 - 4092 E-Mail Address: jelmer@lake-coe.k12.ca.us Application Information Type of Submission: -PreApplication -Application any time during the proposed project period? Construction Construction X Non-Construction Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designa	ť
City State Zip code + 4 Tel. #: (707) 279 - 4607 Fax #: (707) 279 - 4092 E-Mail Address: jelmer@lake-coe.k12.ca.us Application Information Type of Submission: -PreApplication	t
E-Mail Address: jelmer@lake-coe.k12.ca.us Application Information Type of Submission: -PreApplication Construction Non-Construction Non-Construction X Non-Construction 12. Are any research activities involving human subjects period? any time during the proposed project period? Yes (Go to 12a) X No (Go to item 13.) 12a. Are all the research activities proposed designa	t
Application Information Type of Submission: -PreApplication Construction Non-Construction X Non-Construction - Application Non-Construction X Non-Construction 12. Are any research activities involving human subjects any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designa	t
Type of Submission: -PreApplication Construction Non-Construction X Non-Construction 12. Are any research activities involving human subjects any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designa	t
Type of Submission: -PreApplication Construction Non-Construction X Non-Construction 12. Are any research activities involving human subjects any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designa	t .
Construction Construction Non-Construction X Non-Construction Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designa	
Non-Construction X Non-Construction 12a. Are all the research activities proposed designa	
12a. Are all the research activities proposed designa	
0. Is application subject to review by Executive Order 12372 process? exempt from the regulations?	
X Yes (Date made available to the Executive Order 12372 Yes (Provide Exemption(s) #):	
process for review): 07 / 06/ 04	
No (If "No," check appropriate box below.)	
Program is not covered by E.O. 12372. Program has not been selected by State for review. 13. Descriptive Title of Applicant's Project:	
Oak Hill Teen Connection	
1. Proposed Project Dates: 10 / 01 /2004 09 / 30 / 2007 Start Date: End Date:	
Estimated Funding Authorized Representative Information	
Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/application a	
4a. Federal \$ 150,000 . 00 and correct. The document has been duly authorized by the governing body of the	
Applicant \$00 and the applicant will comply with the attached assurances if the assistance is awar	
. State S 00 a. Authorized Representative (Please type or print name clearly.)	
. Local \$00 <u>Chris Thomas</u>	_
Other \$00 b. Title: Assistant Superintendent of Schools	
Program Income \$ 00 c. Tel. #: (707) <u>262 - 4125</u> Fax #: (707) <u>263 - 0197</u>	
d. E-Mail Address: cthomas@lake-coe k12.ca.us	I W E
z. TOTAL \$ 150,000 . 00 c. Signature of Authorized Representative	U V B
Chris Thomas Date: 06	004
JÜL JÜL	6 2004
STATE CLEA	1

CDVA

OMB Approval No. 0348-0043

APPLICATION FOR				ONB Approval No. 0340-0040
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED June 7, 2004		Applicant Identifier
	T	The state of the s		Otate Application Identifies
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY June 7, 2004	STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction	4. DATE RECEIVED DI	LEDES GAL AGENO	i daria izanina
5. APPLICANT INFORMATION	Hon Jonalia Chan			
Legal Name:			Organizational Unit:	
California Departmen	t of Veterans Affair	S		ne of California, Yountville
Address (give city, county, State, 1227 O Street, Suite 3 Sacramento, CA 958 6. EMPLOYER IDENTIFICATION 9 4 6 0 3 8	314 14 N NUMBER (E/N)		This application (give a) Robert Johnso (916) 653-024 7. TYPE OF APPLICA A. State	on, Ph.D. Director, CDVA Const. Di
8. TYPE OF APPLICATION: New	Continuation	Revision	B. County C. Municipal D. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es) rease Award C. Increase	Duration	E. Intermunicipal. G. Special District	L. Individual M. Profit Organization N. Other (Specify)
7 10 10 10 10 10 10 10 10 10 10 10 10 10	specify):	e Duranon	9. NAME OF FEDERA	
				Veterans Affairs
10. CATALOG OF FEDERAL DO		64005	CHILLER REF	PLACEMENT PROJECT. (A ect to replace a failed Chiller Unit
	e Construction Gra		that provides of	cooling to licensed care facilities
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ites, etc.):	for the elderly.	.) See Enclosure 1 for detail.
				·
State of California				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		
	a. Applicant Robert Matsui, 5th	n CA Cong. Dist.	b. Project Mike Thompso	on, 1st CA Congressional District
15. ESTIMATED FUNDING:		00	ORDER 12372 PR	
a. Federal	\$	632,320		APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	00		E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State		340,480	: %TE	
d. Local	b. No. PROGRAM IS NOT COVERED BY		AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE	
e. Other	\$	00	FOR REV	
f. Program Income	\$	00	17. IS THE AFPLICAT	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		97,2,800°		attach an explanation. No
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO THE ASSISTANCE IS AWA	OVERNING BODY OF TH ARDED.	E APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep Robert Johnson, Ph.		Dir., CDVA Cor	nst. Division	c. Telephone Number (916) 653-0240
d. Signature of Authorized Repre	sentative		Annual Control of the	e. Date Signed
Previous Edition Usable Authorized for Local Reproductio	trad hard	JUL 2 2004		Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102
	S TA The	CLEARING HO		

Applicant Inf 1. Name and Address		(ED 424)		U.S. Department of Educati Form Approved OMB No. 1875-0108 Exp. 11/30/2004
	l County () fice of Education	m		Organizational Unit Student Well-Being	& Family Resources
El Centro City 2. Applicant's D-U-N-S n 3. Applicant's T-I-N 4. Catalog of Federal Dom Title: Mentoring Prog 5. Project Director: Rita	Number 0 8 4 9 8 5 5 - 6 0 0 1 6 estic Assistance #: 8 4 1 1	0 1 7 6 6 5 8 4 B	7. Is the applica (If "Yes," att	Imperial County Icant Yes N Int delinquent on any Factorist an explanation.) Icant (Enter appropriate	deral debt? Yes Vo
Address; 1398 Sperb E1 Centro City Tel. #: (760) 312-649: E-Mall Address; _rbrogs	<u>Ca</u> 9: State	2243 ZIP Code + 4 12-6476	A State B Local C Special Di D Indian Trit E Individual F Independen District	H Private, strict I Non-Pro De J Private, K Cither (5	College or University Non-Profit College or University offt Organization Profit-Making Organization Specify);
Application In 9. Type of Submission: —PreApplication Construction Non-Construction 10. Is application subject to recognition.	-Appl/cation	2 process?	Yes (Go to 12a. Are all in from the	oposed project period? o 12a.) Vo (Go t	man subjects planned at any time to item 13.) posed designated to be exempt
process for No (If "No," cl Program is Program ha 11. Proposed Project Dates:	review): 7/6/2004 heck appropriate box below.) not covered by E.O. 12372. as not been selected by State for Start Crate: E 10/1/2004 9		No (Pro	ovide Assurance #): le of Applicant's Project: ntoring of 135 at risk s	students per xear in grades STATE CLEARING M
Estimated Fundi	ng 📜			entative Infort	mation
14a. Federal \$ b. Applicant \$ c. State \$.00	the applicant a. Authorized F Judy Maux	will comply with the Representative (Plea	uny authorized by the gove e attached assurances if the se type or print name cle	dication/application are true and erning body of the applicant and e assistance is awarded. arly.)
d. Local \$.00	Depi	ity Superintenden	t	
f. Program Income \$.00.	c. Tel.#: (76	50) 312-6429 ss: jmaurice@ic		50) 312-6576
g. TOTAL \$_	.00 26 <mark>0,000</mark> .00	Am	Authorized Repre	0	Date: 1/6/04

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ident	Version 7/03	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier		
Application	Pre-application	4. DATE RECEIVED BY FEDERAL AGE!				
Construction	Construction	4. DATE RECEIVED BY	-EDERAL AGENC	Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Ur	nit:		
California Urban Water Conserv	ation Council		Department: n/a			
Organizational DUNS: 944524552			Division: n/a			
Address:		EIVEN	Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street:			Prefix:	First Name:	2 5000)	
455 Capitol Mall, Suite 703 City:		6 2004 LD	Middle Name	Katie		
Sacramento	JUI JUI		Last Name			
County: Sacramento		1	Shulte Joung			
State: CA	Zip Code 95814 TATE ()	EARING HUUS	Suffix:			
Country: USA	And the state of t	an antiquement of the production and the state of the sta	Email: katie@cuwcc.org			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (gi	ve area code)	Fax Number (give area code)	
68-0318069]		(916) 552-5885 ex		(916) 552-5877	
8. TYPE OF APPLICATION:	******		7. TYPE OF APPLICANT: (See back of form for Application Types)			
If Revision, enter appropriate let	w ☐ Continuatio ter(s) in box(es)	n Revision	O (Not for Profit O	rganization)		
(See back of form for description	of letters.)	П	Other (specify)			
Other (specify)	L		9. NAME OF FED U.S. Environment	ERAL AGENCY: al Protection Agenc	y (U.S. EPA)	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
		6 6 - 4 6 3	Calculating Utility Water Use Efficie		Environmental Values of Urban	
TITLE (Name of Program): Water Quality Cooperative Agre	noment ERI -7599-8		Water Ose Emcle	ncy Frograms		
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):	1			
California						
13. PROPOSED PROJECT	Tadias Doto		a. Applicant	ONAL DISTRICTS	OF: b. Project	
Start Date: 3/02	Ending Date: 12/05		5th		Districts 1 thru 53	
15. ESTIMATED FUNDING:			ORDER 12372 PR	OCESS?	REVIEW BY STATE EXECUTIVE	
a. Federal \$		100,000	a. Yes. 🗹 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
EPA b. Applicant \$		35,000	PROCESS FOR REVIEW ON			
c. State \$.00	DATE	: 7/6/04		
		<u> </u>	PROC	GRAM IS NOT COV	/ERED BY E. O. 12372	
u. Local			b. No. CRP	ROGRAM HAS NO	T BEEN SELECTED BY STATE	
e. Other Federal-USBR		240,000	│	RFVIEW	NT ON ANY FEDERAL DEBT?	
f. Program Income \$		0	17. IS THE APPL	ICANT DELINQUE	NI ON ANT PEDERAL DEBT!	
g. TOTAL		375,000		ttach an explanation		
18. TO THE BEST OF MY KNO	' AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT A	AND THE APPLICA	ANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS	AWARDED.				
Prefix	First Name Mary Ann		Mi	ddle Name		
Last Name Dickinson	1			iffix		
b. Title Executive Director			c. Telephone Number (give area code) (916) 552-5885			
d. Signature of Authorized Representative				e. Date Signed 7/6/2004		
Previous Edition Usable Authorized for Local Reproduct		11		1/2/	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

ADDI ICATION EOD					Version 7/03	
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	ier	
✓ Non-Construction	Non-Construction					
5. APPLICANT INFORMATIO	N		Organizational Unit			
Legal Name: California Urban Water Conse	entation Council		Department:			
Organizational DUNS:	ervation Council		NA Division:			
944524552	The second secon	[h] [] [h] bud bushing	NA	- w.i.m.h.a.r. of no	roon to be contrated an matters	
Address: Street:	— <u> </u>		involving this applic		rson to be contacted on matters a code)	
455 Capitol Mall, Suite 703			Prefix: Ms.	First Name: Mary Ann		
City: Sacramento	JUL	6 2004	Middle Name D.			
County: Sacramento			Last Name Dickinson			
State: California	Zip Code 95814	EADIMO HAHOE	Suffix:			
Country: U.S.A.		77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Email: maryann@cuwcc.org	٦		
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (give		Fax Number (give area code)	
68-031806			916-552-5885		916-552-5877	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
∇ N	ew Continuatio	n 🔲 Revision	O (Not for Profit Orga	anization)		
f Revision, enter appropriate le See back of form for description	etter(s) in box(es) on of letters.)		Other (specify)			
Other (specify)	٠		9. NAME OF FEDER U.S. Environmental F	AL AGENCY: Protection Agend	cy (U.S. EPA)	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLI	CANT'S PROJECT:	
		6 6 - 4 6 3	Developing a Frame Efficiency.	work for a Natio	nal Consortium for Water	
TITLE (Name of Program): Water Quality Cooperative Ag	reement		Emclericy.			
12. AREAS AFFECTED BY P		s, States, etc.):				
ALL U.S.A.						
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS		
Start Date: August 2004	Ending Date: November 2005		a. Applicant 5th		b. Project All Districts	
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE	
a. Federal	\$.00	ORDER 12372 PROC		N/APPLICATION WAS MADE	
	\$	200,000	^\^\\\\	a. Yes. AVAILABLE TO THE STATE EXECUTIVE ORDER PROCESS FOR REVIEW ON		
		40,000				
c. State	\$	•	DATE:			
d. Local	\$. 00	b. No. 🔲 PROGRA	AM IS NOT CO	/ERED BY E. O. 12372	
e. Other	\$.00	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income	\$		17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
9	\$	240,000	Yes If "Yes" attac	· · · · · · · · · · · · · · · · · · ·		
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative			a 2* 1 11	- N1		
Prefix Ms.	First Name Mary Ann		D.	e Name		
Last Name Dickinson			Suffix			
b. Title Executive Director				ephone Number 552-5885	(give area code)	
d. Signature of Authorized Rep	presentative '	nton	e Dat	te Signed 6, 2004		
mayan	m sulle	1110 N	July	U, 2007		

APPLICATION FOR		2. DATE SUBMITTED		[Anniinant Ida	Version 7/03		
FEDERAL ASSISTANCE		July 12, 2004		04.541	Applicant Identifier 04-541		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		State Application Identifier			
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fler		
Non-Construction	Non-Construction				**************************************		
5. APPLICANT INFORMATION Legal Name:			Organizational Unit	·			
California Integrated Waste Man	aggerneré Board		Department:	<u>L-</u>	- All the state of		
Organizational DUNS:	agement board		Division:				
80 832 1889	1 Folks C	Property of the second	Waste Prevention at				
Address:	— HEL	0 6 2004			rson to be contacted on matters		
1001 Street	[] [] [] []		involving this application (give area code) Prefix: First Name:				
P. O. Box 4025, MS-12 City:	JUL	- 0 6 2004 /	Ms. Middle Name	Dana			
Sacramento	1	1	Nichole				
County: Sacramento	STATE CLE	EARING HOUSE	Last Name Papke				
State: CA	Zip Code 95812	TOUSE	Suffix:				
Country: USA			Email: dpapke@clwmb:ca.	nnv	. ,		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)		
68-0314973			(916) 341-6496		(916) 319-7121		
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)		
M New		r 🔲 Revision	A				
If Revision, enter appropriate lette (See back of form for description	of letters.)		Other (specify)				
044 (* .		
Other (specify)	•		9. NAME OF FEDER Environmental Prote		ll Jones		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T	TTLE OF APPLI	CANT'S PROJECT:		
		6 6 - 7 0 B		lenance Training	Modules for High Performance		
TITLE (Name of Program): Best Practices for High Performs	ince School Declar		School Facilities				
12. AREAS AFFECTED BY PRO		, States, etc.):					
California		•					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant 5		b. Project		
October 1, 2004 15. ESTIMATED FUNDING:	March 31, 2006				Statewide REVIEW BY STATE EXECUTIVE		
			OPDER 12372 PROC	25663			
a. Federal \$		26,000	a. Yes. 🖸 AVAILA	REAPPLICATION BLE TO THE STA	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		15,000	PROCESS FOR REVIEW ON				
c. State \$		w	DATE:	luly 6, 2004			
d. Local \$	All the state of the decidence	W	b. No. I PROGR	AM IS NOT COV	ERED BY E. O. 12372		
e. Other \$	The state of the s	11,000 '			T BEEN SELECTED BY STATE		
f. Program Income \$		w	17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		52,000	O Yes If "Yes" attac	h an explanation	. 2 No		
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS APP	JCATION/PREAPPL	ICATION ARE T	RUE AND CORRECT. THE		
DOCUMENT HAS BEEN DULY / ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (GOVERNING BODY OF T	HE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE		
a. Authorized Representative	First Name		A 6	Nomo	The state of the s		
Mr.	Mark			e Name			
Last Name Leary			Suffix				
b. Title Executive Director			c. Telephone Number (give area code) (916) 341-6544				
d. Signature of Authorized Representative			e. Date Signed July 8, 2004				
Provious Edition Licabia	SECTOR STREET		I anià g	o, ∠∪∪ 4	Standard Form 404 (Form 8 (1992)		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

I. TYPE OF SUBMISSION: Application ☐ Construction	APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED May 5, 2004 3. DATE RECEIVED BY STATE		Applicant Identifier Vista Verde				
Pre-application Pre-application Construction Construction Non-Construction No									
## Occasionation Construction ADATE RECEIVED BY FEDERAL ASSETS	•• • • • • •	Pre-application							
A PELCATO PROGRAMION A PELCANT PROGRAMION Logal Name: Organizational Unit: Department Division: Address: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: First Name	• •	4. DATE RECEIVED BY FEDERAL AG			NCY Federal Identifier				
Legal Name: Organizational DUNS: Organizational Dun	Non-Construction		<u>, </u>						
Department:		V		Organizational Uni	t:				
Division: Division: Divi	ŭ	v of Kern		Department:					
Name and folephone number of person to be contacted on matters and defenses:		y or rem		Division:					
Involving this application (give area code) Profice First Name Mr. ECEIVED	0779790128			Name and telephor	ne number of per	son to be contacted on matters			
Solution State S				involving this application (give area code)					
Same Suffice						FOEWED			
County: State: S	City: Bakersfield					MECHIVE			
State Sign	County:								
STATE CLEARING HOUS USA STATE CLEARING HOUS USA STATE CLEARING HOUS USA STATE CLEARING HOUS USA STATE CLEARING HOUS STATE CLEARING HOUSE STATE CLEARING HOUS STA		Zip Code							
USA Cample Phone Number (give area code) Fax Number (give area code)		93301		Email:		STATE CLEADING HOUS			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): S 5 - 6 0 1 6 2 9	Country: USA			msmith@kernha.or		- Company of the Comp			
Similar Simi				,-	area wuej				
Revision (Revision, enter appropriate letter(s) in box(es) Continuation (Revision, enter appropriate letter(s) in box(es) College (See back of form for description of letters.) College (See back of form for description for fruiding College (See back of form for description for fruiding College (See back of form for description for fruiding College (See back of form for feuriding College (See bac		9		1, ,	CANT: (See hack	` '			
Cher (specify) Che		graces;		7. TIPE OF AFFLI	7. TYPE OF APPLICANT: (See back of form for Application Types)				
N: Public Housing Agency N: Public Housing A	N N		tion 🎚 Revision						
Other (specify) 9. NAME OF FEDERAL AGENCY: United States Department of Agriculture 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. 0 – 4 0 5 TITLE (Name of Program): Farm Labor Housing Loan and Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Bakersfield, Kern County, California 13. PROPOSED PROJECT Start Date: 05/2006 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20th and 22nd 20th 05/2006 15. ESTIMATED FUNDING: a. Federal USDA b. Applicant 1	(See back of form for description	on of letters.)							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 11. 0 - 4. 0 5 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Bakersfield, Kern County, California 13. PROPOSED PROJECT Start Date: 03/2005 15. ESTIMATED FUNDING: 03/2006 15. ESTIMATED FUNDING: 05/2006 16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal 0. SDA 1. 400,000 15. ESTIMATED FUNDING: 0. State 0. State 0. State 0. 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	Other (enecify)		L	9 NAME OF FEDERAL AGENCY:					
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TITLE (Name of Program): Farm Labor Housing Loan and Grant Program 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Bakersfield, Kern County, California 13. PROPOSED PROJECT Start Date: 03/2005 05/2006 15. ESTIMATED FUNDING: a. Applicant 05/2006 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ONDER 12372 PROCESS? a. Federal USDA b. Applicant 1 1,400,000 a. Federal USDA c. State Joe Serna, Tax Credits b. Applicant c. State Joe Serna, Tax Credits b. No. The State Executive ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. PROGRAM IS NOT COVERED BY E. O. 12372 b. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICATION ANY FEDERAL DEBT? G. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Preform Carter b. Title Carter b. Title Carter	10. CATALOG OF FEDERAL	L DOMESTIC ASSISTA		i		opur or non-			
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Bakersfield, Kern County, California 13. PROPOSED PROJECT 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 15. Project 20th and 22nd 20th and 22n	I Farm I abor Housing Loan and	d Grant Program							
13. PROPOSED PROJECT Start Date: Ending Date: 05/2006 Ending Date: 20th and 22nd 20th 20	12. AREAS AFFECTED BY F	PROJECT (Cities, Coun	ties, States, etc.):			•			
13. PROPUSED PROJECT Start Date: 05/2006 20th and 22nd	City of Bakersfield, Kern Cour	nty, California		11 00110050010	NAL DISTRICTS	OE:			
Start Date: Cold and 22nd 20th		Ending Date:		a. Applicant b. Project					
15. ESTIMATED FUNDING: a. Federal USDA b. Applicant c. State Joe Serna, Tax Credits d. Local e. Other HUD RHF Funds f. Program Income g. TOTAL 10.959.857 10.959.858 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.857 10.959.859.859.859.87 10.948.859.859.859.859 10.948.859.859.859.859 10.948.859.859.859.859 10.959.859.859.859.859 10.959.859.859.859.859.859 10.959.859.859.859.859.859 10.959.859.859.859.859.859.859 10.959.859.859.859.859.859 10.959.859.859.859.859 10.959.859.859.859.859 10.959.859.859.859.859 10.959.859.859.859.859.859 10.959.859.859.859.859 10.959.859.859.859 10.959.859.859.859.859 10.959.859.859.859 10.959.859.859.859 10.959.859.859.859.859 10.959.859.859.859 10.959.859.859.859 10.959.859.859.859 10.959.859.859 10.959.859.859 10.959.859.859 10.959.859.859 10.959.859.859 10.959.859.859 10.959.859.859 10.959.859.859 10.959.859 10.959.859 10.959.859 10.959.859 10.959.859.859 10.959.859 1	1	05/2006		20th and 22nd					
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b. Applicant \$ 126,798 c. State Joe Serna, Tax Credits \$ 8,421,031 d. Local \$ 8,421,031 e. Other HUD RHF Funds f. Program Income \$ 1,012,028 g. TOTAL \$ 10,959,857 Total \$ 10,959,857	a. Federal	\$		THIS P	PREAPPLICATION	N/APPLICATION WAS MADE			
c. State Joe Serna, Tax Credits d. Local s nor PROGRAM IS NOT COVERED BY E. O. 12372 b. No. PROGRAM HAS NOT BEEN SELECTED BY STATE HUD RHF Funds f. Program Income g. TOTAL 10,959,857 TYPES" attach an explanation. In the BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Mr. Last Name Carter b. No. DATE: DATE: DA	USDA	USDA 1,400,000			AVAILABLE TO THE CIVILE EXECUTION				
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HUD RHF Funds f. Program Income g. TOTAL 10,959,857 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? The applicant described by the covered by the Governing Body of the Applicant and the Applicant Mill comply with the Attached Assurances if the Assistance is awarded. a. Authorized Representative Prefix In the applicant of Authorized Representative Diffix Last Name Carter b. Title Executive Director d. Signature of Authorized Representative Previous Edition Usable Previous Edition Usable Previous Edition Usable Prescribed by OMB Circular A-10 Prevenue Service of the Applicant Delinquent on Any Federal Debt? 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix William Suffix C. Telephone Number (give area code) (661) 631-8500 e. Date Signed May 5, 2004 Prescribed by OMB Circular A-10 Prescribed by OMB Circular A-10	e. Other	\$				OT BEEN SELECTED BY STATE			
g. TOTAL 10,959,857 10,959,857 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix William First Name William Suffix Carter b. Title Executive Director d. Signature of Authorized Representative Executive Director d. Signature of Authorized Representative Previous Edition Usable Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-10	HUD RHF Funds	6		17. IS THE APPLI	REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?			
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DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODT OF THE ACT ELEMENT ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Middle Name L. Suffix Last Name Carter b. Title Executive Director d. Signature of Authorized Representative Authorized Representative William C. Telephone Number (give area code) (661) 631-8500 e. Date Signed May 5, 2004 Standard Form 424 (Rev.9-200 Previous Edition Usable Prescribed by OMB Circular A-10	g. TOTAL	\$	10.050.957	Yes If "Yes" at	tach an explanatio	***			
a. Authorized Representative Prefix Mr. First Name Mr. Suffix Last Name Carter b. Title Executive Director d. Signature of Authorized Representative Drevious Edition Usable Suffix c. Telephone Number (give area code) (661) 631-8500 e. Date Signed May 5, 2004 Standard Form 424 (Rev.9-200 Previous Edition Usable	DOCUMENT HAS BEEN DU	I Y AUTHORIZED BY I	HE GOVEKNING BOD!	OF THE APPLICANT A	ND THE APPLICA	ANT WILL COMPLY WITH THE			
Prefix Mr. Villiam L. Last Name Carter Cart	a. Authorized Representative	9		Mic	Idle Name				
Last Name Carter b. Title Executive Director d. Signature of Authorized Representative Previous Edition Usable C. Telephone Number (give area code) (661) 631-8500 e. Date Signed May 5, 2004 Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-10	Prefix Mr. Hirst Name William			L.	L.				
b. Title Executive Director d. Signature of Authorized Representative Previous Edition Usable c. 1 elephone Number (give area code) (661) 631-8500 e. Date Signed May 5, 2004 Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-10	Last Name			ţ					
Executive Director d. Signature of Authorized Representative Authorized Representative May 5, 2004 Previous Edition Usable Standard Form 424 (Rev.9-200 Prescribed by OMB Circular A-10	b. Title				c. Telephone Number (give area code)				
Standard Form 424 (Rev.9-200 Previous Edition Usable Prescribed by OMB Circular A-10	Executive Director				e. Date Signed				
Previous Edition Usable Prescribed by OMB Circular A-10	1 Millian 1 Million				May 5, 2004 Standard Form 424 (Rev.9-2003				
	Previous Edition Usable	uction				Prescribed by OMB Circular A-10			

Application for Federal	U.S. Department of Education
Education Assistance (ED 4	OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information	
Name and Address	Organizational Unit
Legal Name: HOPE worldwide, Ltd.	HOPE WORLDWIDE - LOS ANGELES
Address: 353 W. Lancaster Avenue, Suite 200	
Warma	PA Delaware 19087 -
Wayne City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 8 3 5 2 9 0 4	3 8 6. Novice Applicant Yes No
3. Applicant's T-I-N 0 4 - 3 1 2 9 8 3 9	7. Is the applicant delinquent on any Federal debt? Yes Von
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4	B (If "Yes," attach an explanation.)
Title: Office of Safe and Drug) ree Schools Mentoring Pro	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: David Chane	A State G Public College or University
Address: 353 W. Lancaster Avenue, Suite 200	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
Wayne PA 19087 -	
City	E Individual K Other (Specify):
Tel. #: (610) 254-8800 Fax #: (610) 254-8989	F Independent School District
E-Mail Address: _david_chaney@hopeww.org	
Application Information	the property of the property o
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time during the proposed project period?
—PreApplication —/\(\text{init}\) → \(\text{init}\)	
Construction	Yes (Go to 12a.) Vo (Go to item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive Order 12372 process	Yes (Provide Exemption(s) #):
Yes (Date made available to the Executive Order 12	No (Provide Assurance #):
process for review	13 Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	HOPE worldwide Los Angeles-Based Mentoring Program
Program is not covered by E.O. 12372.	SECEIVER
Program has not been selected by State for revie	w
Start Late: End D 11. Proposed Project Dates: Start Late: End D 1. Proposed Project Dates: 1. \(\frac{1}{2}\) \(\	11 .00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Estimated Funding A	uthorized Penresentative Information
186 250 00 15.	The state of the state and belief all data in this preapplication/apulication are true and
174. 1 000.0	correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
b. Applicant \$ 116,863.00 a.	Authorized Representative (Please type or print name clearly.)
c. State \$.00	Randolph S. Jordan
d. Local \$ 13,200.00	Title Vice President, Legal Affairs
e. Other \$.00 c.	Tel. #:(610) 254-8800 Fax #:(610) 254-8989
	E-Mail Address: randy_jordan@hopeww.org
g. TOTAL \$316,322.00 \[e	Signature of Authorized Representative Date: //0/07



U.S. Department of Education

Applicant Information	Organizational Unit
Name and Address Legal Name: Children Uniting Nations	
Address: 9911 W. Pico Blvd., Suite 990	
	OA Las Argeles 00035 2731
Los Angeles City	<u>CA</u> <u>Los Angeles</u> <u>90035</u> - <u>2731</u> State County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 3 4 6 9 1 4 8 9	6. Novice Applicant X YesNo
3. Applicant's T-I-N 9 5 - 4 7 2 5 3 2 3	7. Is the applicant delinquent on any Federal debt?Yes _X_No(If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	
Title: Mentoring Programs Grant	8. Type of Applicant (Enter appropriate letter in the box.)
	A - State F - Independent School District
5. Project Director: <u>Daphna Edwards Ziman</u>	B - Local G - Public College or University C - Special District H - Private, Non-profit College or
	University
Address: 9911 W. Pico Blvd., Suite 990	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
<u>Los Angeles</u> <u>CA</u> <u>90035</u> - <u>2731</u>	- WECE
City State Zip code + 4 Tel. #: (310) 203 Fax #: (310	K - Other (Specify):
E-Mail Address: info@childrenunitingnations.org	K - Other (Specify):
Application Information 9. Type of Submission: -PreApplication -Application -Application Construction -Application	12. Are any research activities involving human subjects planned at any time during the proposed project period?
X Non-Construction X Non-Construction	12a. Are all the research activities proposed designated to be
10. Is application subject to review by Executive Order 12372 process?	
X Yes (Date made available to the Executive Order 12372 process for review): 7 / 2 / 2004	
No (If "No," check appropriate box below.)	No (Provide Assurance #):
Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:
Program has not been selected by State for revi	mplay Youth Mentoring Flogram
11. Proposed Project Dates: 10 / 1 / 2004 10 / 1 / 2006 Start Date: End Date:	07
Authorized Penre	sentative Information my knowledge and belief, all data in this preapplication/application are true
	he document has been duly authorized by the governing body of the applicant
an and the emplo	eant will comply with the attached assurances if the assistance is awarded.
An Authorized Pont	esentative (Please type or print name clearly.)
V. C.	
u, Loodi, T	r and Chair, Children Uniting Nations
T-1 #. (240)	203 - 0500 Fax #: (310) 203 - 0510
The state of the s	info@childrenunitingnations.org
9.101.12	uthorized Representative
1) ash n	al/man



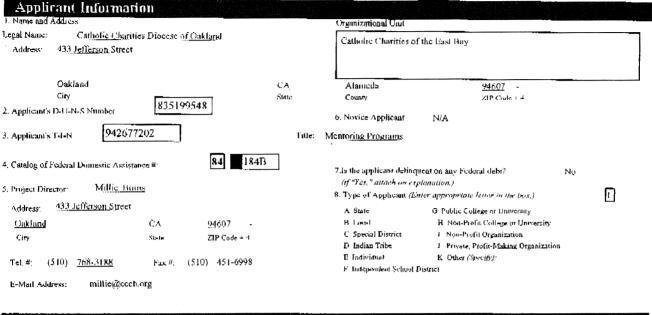
U.S. Department of Education

Applicant information				
1. Name and Address		Organization	al Unit	
Legal Name: Proteus Inc.				
Address: 1830 N. Dinuba Blvd.				
Visalia		CA Tulare	93291 - ZIP Code + 4	
City		State County	,	
2. Applicant's D-U-N-S Number 1 4	5 7 2 7 8 8 9	6. Novice Applicant	Yes No	
 3. Applicant's T-I-N 9 4 2 1 4 Catalog of Federal Domestic Assistance # 	8 4 3 3 0 SERVICE STREET STREE	7. Is the applicant delinquent		
Title: Mentoring Programs	O I I O I D		T	
Tido. Internating Liegiania		8. Type of Applicant (Enter	appropriate letter in the box.)	
5. Project Director: Javier Guzman		A State	G Public College or University	
Address: 3706 MCCall Ave.		B Local	H Private, Non-Profit College or University	
Selma C.	A 93657 -	C Special District	Non-Profit Organization	
	ate ZIP Code + 4	D Indian Tribe	J Private, Profit-Making Organization K Other (Specify):	
Tel. #: (559) 891-0135 Fa	ax #; (559) 891-0177	E Individual F Independent School	A Outer (Specify).	
		District		
E-Mail Address:JAvier@proteusinc.c	org			
Application Information				
9. Type of Submission:		12. Are any research activities	s involving human subjects planned at any time	
—PreApplication —Applica	ition	during the proposed proje	ect period?	
	nstruction	\[\sqrt{Vac (Ca to 12a)} \]	✓ No (Go to item 13.)	
	n-Construction	1e3 (O0 to 12a.) [Mo (Go to hem 19.)	
Non-Construction ✓ No	n-Construction	12a. Are all the research	h activities proposed designated to be exempt	
40 L	*: O-d-= 12272 =======2	from the regulation	s?	
10. Is application subject to review by Execu		Yes (Provide Exen	nption(s) #):	
Yes (Date made available to the		No (Provide Assu	rance #):	
process for review): 6/15/		13. Descriptive Title of Applic	cant's Project:	
No (If "No," check appropria	te box below.)		RECEIVED	
Program is not covered by	E.O. 12372.	Youth Mentoring Program	n (AL)	
Program has not been sele			JUL 0 6 2004	
Start Dat]		
101.101	e: End Date. 9/30/07		STATE CLEARING HOUSE	
11. Proposed Project Dates.				
Estimated Funding		ized Representati		
14a. Federal \$ C	correct. T	he document has been duly author	ata in this preapplication/application are true and rized by the governing body of the applicant and	
b. Applicant \$		ant will comply with the attached depresentative (Please type or	l assurances if the assistance is awarded. r print name clearly.)	
c. State \$.00 Michael	E. McCann		
d. Local \$.00 b. Title Ch	nief Executive Officer		
e. Other \$.00 c. Tel.#:	- (550) 732 5423		
	d. E-Mail Ac	ldress: Mike@proteusinc.or	rg	
f. Program Income \$.00	1/1041		
a TOTAL \$ (200)	(20 0 00 de signature	of Authorized Representativ	Date:	

Application for Federal Education Assistance



U.S. Department of Education Form Approved OMB No. 1875-0106 Eag.



Application Information 9. Type of Submission: -Application Non-Construction Non-Construction 12 Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? No

- 10. Is application subject to review by lixecutive Order 12.372 process?
 - Yes (Date made available to the Executive Order 12372 process for review): 07/02/2004
- Yes (Provide Exemption(s)#):

 No (Provide Assurance #, if available):

 JUL 0 6 2004

 STATE CLEARING HOUSE

 13. Descriptive Title of Applicant's Project:

 CCEB School-Based Mentoring Project

4a, Fodoral	*	206,000	.00.	15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly
b Applicant	S.	9,796	00	authorized by the governing body of the applicant and the applicant will compty with the attached assurances if the assistance is awarded.
c. State	ţ.	0	00	a. Typed Name of Authorized Representative
C. INDIC	•	V	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Barbara S. Terrazas
d. Local	\$	0	.00	h. Title
e. Other	8	12,500	.00	Executive Director
C. CARCI	-	E day of 1747	.3/11	c. Tel. #: ()510-768-3105 Fax #: () 510-451-6998
f Program Income	\$	0	.00	
701430004.8	e.	274 207	.00	d. E-Mail Address: barbara@cceb.org
g. TOTAL	\$	228,296	,(n)	e. Signature of Authorized Representative

Application for Federal Education Assistance (ED 424)	U.S.	Department of Education Form Approved OMB No. 1875-0106 Exp. 11/20/2004
Applicant Information 1. Name and Address Legal Name: Grant Joint Union High School	District	Organizational Unit
Address: 1333 Grand Avenue	·	
		05020
Sacramento City		CA Sacramento 95838 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 099_	0 4 2 7	1_L 6. Novice ApplicantYesNo
3. Applicant's T-1-N94_ 6_ 00	25_12_7	. Is the applicant delinquent on any Federal debt?Yes _X No
4. Catalog of Federal Domestic Assistance #: 84.		(If "Yes," attach an explanation.)
Title: Office of Safe and Drug Free- Schools		8. Type of Applicant (Enter appropriate letter in the box.)F
Mentoring Programs		A - State F - Independent School District B - Local G - Public College or University
5. Project Director: Katie McCleary		C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization
Address: 1333 Grand Avenue Building D		
Sacramento CA 958 City State Tel. #: (916) 263-4905 Fax #: (916) 286-	Zip codc + 4 4919	JUL 0 6 200
E-Mail Address: KatieMcleary@grant.k12.ca	us	STATE CLEARING HO
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction X Non-Construction		 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)
10. Is application subject to review by Executive X Yes (Date made available to the Execut process for review):72_/_	ive Order 12372	12a. Are all the research activities proposed designated to be exempt from the regulations?Yes (Provide Exemption(s) #):
No (If "No," check appropriate box b Program is not covered by Program has not been select	E.O. 12372.	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:
<u> </u>	t t	Building Bridges Mentoring Program for
11. Proposed Project Dates: 10 /1/2004 Start Date:	End Date:	A Success Path for At-Risk Youth Grades 7 & 8
Estimated Funding	Authorized Representat 15. To the best of my kn	ive Information owledge and belief, all data in this preapplication/application are true
14a. Federal \$210,30000		cument has been duly authorized by the governing body of the applicant
b. Applicant \$00	and the applicant wi	ll comply with the attached assurances if the assistance is awarded.
c. State \$00	a. Authorized Representa	ative (Please type or print name clearly.)
d. Local \$00	Dr. Larry Bu	chanan
e. Other \$00	b. Title: Supe	
f. Program Income \$00	c. Tel. #: (916) 286 -	4921 Fax #: (916) <u>263 - 6204</u>
	d. E-Mail Address: larry	buchanan/a/grant.k12.ca.us
g. TOTAL \$ <u>210,300</u> . 00	e. Signature of Authoriz	zed Representative
		Date: 7 / 6 /2004



U.S. Department of Education

Applicant Information		Organizationa	I Unit
Name and Address Legal Name: Southeast Asian Vision for Education		SAVE Me	ntoring Project
Address: 3429 San Bruno Court			
Merced City	<u>CA</u>	Merced	#6348 - ZIP Code + 4
•	State	County	
Applicant's D-U-N-S Number 1 4 9 9 7 1 7 9 3	8. Novice Applic	cant X YesN	lo
. Applicant's T-I-N <u> 3 0 - 0 1 3 8 9 9 9 9 </u> . Catalog of Federal Domestic Assistance #: 84. 1 8 4 b	7. Is the applica (If ") L.	int delinquent on an Yes," ettech an expl	y Federal debt?Yes _X_No enetion.)
Title: Mentoring Program, Office of Safe and Drug Free School	8. Type of Appli	cent (Enter appropr	riete letter in the box.)
. Project Director: Mao Lee	A - State B - Local C - Specia University	G - Publi	endent School District c College or University ate, Non-profit College or
Address: 3429 San Bruno Court	D - Indian	Tribe 1 - Non-p	rofit Organization ECEIV
City State Zip code + 4	E - Individe K - Other (_	e, Profit-Making Organization V
Tel. #: (209)261	·	, ,	STATE
pplication Information			STATE CLEARING H
Type of Submission: -Pre-ApplicationApplication Construction Construction Non-Construction	any time di	earch activities invo uring the proposed So to 12a.) <u>X</u> N	iving numan subjects planned at project period?
X Yes (Date made available to the Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): July / 01 / 2004	exen	npt from the regulat	vities proposed designated to be clons?
No (if "No," check appropriate box below.)	No (Pr	ovide Assurance #)	!
Program has not been selected by State for review	13. Descriptive 1	Title of Applicant's i	Project:
II. Prepaged Project Dates: 10 / 01 / 2004 09 / 30 / 2007	SAVE Mento	ing Program, offic	e of safe and drug
Start Date: End Date:	free School		
Authorized Representati 15. To the best of my kno		ll data in this preapp	olication/application are true
Federal \$ 543.517.83 and correct, The door	and correct. The document has been duly authorized by the governing body of the applica		governing body of the applicant
The control of the co	and the applicant will comply with the attached assurances if the assistance is awarded.		the assistance is awarded.
	a. Authorized Representative (Please type or print name clearly.)		
\$ 0.00 Pos L Mous	Pos L Moue		
\$ 0.00 b. Title: President	b. Title: President		
0,00 c.Tel.#(209)_636		#: (209) <u>725</u>	- 1837
d. E-Mail Address: pmo			
\$ 643,517.83 Signature of Authoriza	The resemble of		
an again of the colors of the	1144		Date: 07 / 01 / 2004

Application for Federal	U.S. Department of Education Form Approved OMB No. 1875-0106
Education Assistance (ED 424)	Exp. 11/30/2004
Applicant Information	Organizational Unit
Name and Address Legal Name: Partners for Community Access, Inc.	Organizational of the
Address: 644 E. Grand Avenue	
	CA San Diego 92025 - 4403
Escondido City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 3 6 6 9 7 4 4 9	6. Novice Applicant Yes No
3. Applicant's T-I-N 3 3 - 0 5 6 8 9 7 8	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (figurer appropriate letter in the box.)
5. Project Director: Kimberly Stead-Segoria	A State G Public College or University
Address: 644 E. Grand Avenue	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
Escondido CA 92025 - 4403 City State ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization
Tel. #: (760) 739-2134 Fax #: (760) 739-2138	E Individual K Other (Specify): F Independent School
E-Mail Address: kim@partnersforcommunityaccess.org	District
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time
—PreApplication —Application	during the proposed project period?
Construction	Yes (Go to 12a.) Vo (Go to item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive Order 12372 process?	Yes (Provide Exemption(s) #):
Yes (Date made available to the Executive Order 12372	No (Provide Assurance #):
process for review): 7/6/2004	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	Partners for Community Access one-on-one Mentoring Program for youth in grades 4-8 in the greatest of need in Ramona and
Program has not been selected by State for review.	Julian, California.
Start Date: End Date:	JUL 0 6 2004
11. Proposed Project Dates: 10/1/2004 10/1/2007	
	zed Representative Information OUS
14a. Federal	of my knowledge and belief, all data in this preapplication/application are true and he document has been duly authorized by the governing body of the applicant and he document has been duly authorized by the governing body of the applicant and
	Int will comply with the attached assurances if the assistance is awarded. I Representative (Please type or print name clearly.)
c. State \$.00 Gloriaan	n Barron García
h Title	ecutive Director
e. Other \$ 37,697.00 c. Tel.#:(760) 739-2136 Fax #: (760) 739-2138
d. E-Mail Ad	dress: gbg@partnersforcommunityaccess.org
242266	of Authorized Representative Date: 7/2/2004
g. TOTAL \$ 542,200 00 J(e. Signature	1

PlusONE Mentors, Inc. - STARS Partnership - 1

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Applicant Information			Organizational Unit	
Name and Address Legal Name: PlusONE Mentors, Inc.			Organizational Offit	
Address 1700 Pine Street, Suite 250				
Daddina	CA	Shasta County	06001 . 100	7
Redding City	State	County	96001 - 190 ZIP Code + 4	
2. Applicant's D-U-N-S Number 1 3 8 7 3	8 8 4 6 8	6. Novice Applican	tYesNo	
3. Applicant's T-I-N 9 4 - 3 2 8 7 1	6 2	7. Is the applicant of	delinquent on any Federal c	debt?Yes_X_No
4. Catalog of Federal Domestic Assistance # 84. 1	:	(If "Yes,	," attach an explanation.)	
Title: OSDES - Mentoring Grants		8. Type of Applicar	nt (Enter appropriate letter li	n the box.)
		A - State	F - Independent Sch	noal District
A C Di		B · Local	G - Public College o	or University
5. Project Director: Staci Bertagna		C • Special Di University	Istrict H - Private, Non-r	profit College on FIVED
Address 1700 Pine St, Suite 250		D - Indian Trib	De I - Non-profit Organi	izanoh
Redding CA	96001 - 1907	E - Individual	J - Private, Profit-Ma	izanon aking Organization UL 0 6 2004
City State Tel. #: (530) 244 - 7114 Fax #: (530) 244 -	Zip code + 4 6224	K - Other (Spe	ecify);	(
				STATE CLEARING HOUSE
E-Mail Address. <u>staci@plusonementors.org</u>				The second secon
Application information 9. Type of Submission:		12. Are any researc	ch activities involving huma	n subjects planned at
-PreApplication -Application			ig the proposed project perl	
Construction Construction Non-Construction X Non-Construction	on	165 (60)	o 12a.) X No (Go to ite	11 13.)
	ur 12372 Bracaca		he research activities propo from the regulations?	sed designated to be
 Is application subject to review by Executive Ords Yes (Date made available to the Executive 			ride Exemption(s) #);	
process for review): <u>07/ 06/ 2004</u>				
No (If "No," check appropriate box below.)		NO (PIDVI	de Assurance #):	
Program is not covered by E.O Program has not been selected	. 12372. I by State for review	13. Descriptive Title	e of Applicant's Project:	
		Supporting The Act	ademic Responsibility of Stu	<u>udents</u>
11. Proposed Project Dates: 10/01/2004 Start Date:	09/_30/_2005 End Date:	(STARS) Partnersh	nip	
	uthorized Representati			
14a. Federal \$166,110. 00	•	•	ata in this preapplication/ap ithorized by the governing b	,
b. Applicant \$00			ed assurances if the assista	
•	• •	tive (Please type or print		1100 10 200,000,
d. Local \$00	Staci Bertagna		(Treather Green, Treather Gree	
	Title: Executive Dire			
-		14 Fax #: (530) 244-	-6224	
				_
	Signature of Authorize			
	AT P			7/6/14



U.S. Department of Education

Applicant (mfor	mation			Organizationa	I Unit		
1. Name and Ad		Express					
Legal Name:	11400 S. Hoover			Mentori	ng Progr	am	
Address:	Suite #201.						
	Los Angeles	CA		les 9	0044 41 Code + 4	<u>o</u> 7	
Ch	Ť.		State Cou				
2. Applicant's D	0-U-N-S Number (1 1 3 11 11	<u> 8 6 8 0 6 </u>		icant X_Yea1			
3. Applicant's T	-1-N 13101-10101101	416131	7. Is the applic	ant delinquent on a Yes," ettech an exp	ny Federal debt? lanation.)	Yes _XNo	
4. Catalog of Fe	ederal Domestic Assistance #: 84	118 4 BI	1	,			
Title:	Mentoring Progr	ams	8. Type of App	ilicani (Enter approp	viate letter in the	box.) [I]	
	•		A - State B - Local	G - Pub	pendent School D lic College or Unit rivate, Non-profit	versity	
Address:	tor Dr. Catherine 11400 S. Hoover	Avenue Suit	e 201 iniversity	<u></u>	profit Organization ite, Profit-Making	Description of the Party of the	VED
City	Los Angeles CA State 3)418-9100 Fax#(32	1 <u>90044 41</u> 07 Zip code + 4 3 418 - 9104	K - Other	(Specify):		JUL 0	6 2004
	dstsp94@hotmai					STATE CLEAR	IING HOUSE
Non-	mission:	uction Order 12372 process? Vive Order 12372	any time Yes 12s. Are Yes	esearch activities involved during the proposed (Go to 12a.) It is all the research actempt from the regul (Provide Exemption Provide Assurance	olving human sub i project period? No (Go to Item 13 tivities proposed o stions? (s) #):	ojects planned at .) designated to be	-
No	(If "No," check appropriate box belo — Program is not covered by — Program has not been sale	E.O. 12372.	13, Descriptiv	e Title of Applicant's	: Project:		
			_Family	Knots Ex	press Me	ntoring	_
11, Proposed I	Project Dates: <u>10/01/2004</u> Start Date:	End Date:	Works	Program			-
Estimated Fu		Authorized Representa 18. To the best of my kn	lowledge and belief,	, all data in this prea	pplication/applice	stion are true	
14a. Federal	\$ 800,000 00	and correct. The do	cument has been d	uly authorized by the	e governing body	of the applicant	
b. Applicant	, w	and the applicant wi				io andideo.	
c. State	\$0	a. Authorized Representative (Please type or print name clearly.) Ms. Najah Janeen Shahid					
d. Local	\$ 0 00	b. The: Executive Director			•		
•. Other	•	222 470 2122 - 4222 419 2104					
f. Program inc	ome \$0.00	c. Tel. ♥: (323) _ 41 d. E-Mail Address: _ 138					
g. TOTAL	\$ 800,000 .00	e. Signature of Authorit				716,04	



U.S. Department of Education

Form: Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant information		Orgar zational Unit	
Name and Address		At-F sk Youth	
Legal Name: Active Minds Foundation			
Address: 19009 S. Laurel Pk. Rd.,			
Ste. 276			
Rancho Dominguez	CA		90220-6090
City	State County	ZIP Code + 4	
2. Applicant's D-U-N-S Number [1 . 4 4 6	7 0 4 9 9 6, Novic	Appli int Yes No	
3. Applicant's T-I-N 3 0 1-10 2 1 10	0 15 12 1 7. (s the applicant	elingu nt on any Federal debt? _ attad an explanation.)	Yes X No
4. Catalog of Federal Domestic Assistance #: 84, 1	<u>8 4 B </u>		
Title: Safe and Drug-Free Schools and Communitie	S National Programs 8. Type of Appli	ant (E er appropriate letter in the	00x.) []
	A - State	- Independent School Dis 5 - Public College or Unive	
5. Project Director, Kimberly Frederick	B - Local C - Special D		
	University D - Indian Tri	Non-profit Organization	- OFILE
	E - Individual	e - Non-profit Organization - Private, Profit-Making C	ngahizalion V 🗆 L
	<u>220-6090 · </u>	citio:	1111 0 0 2001
Tel. #: (310) 701 - 4811 Fax #: (310) 60			JUL 0 6 2004
E-Mail Address: RaisedAtSU@aol.com			
Application Information			TE CLEARING HO
9. Type of Submission:	12. Are any resea	11	cts planned at
-PreApplication -Application Construction Construction	any time duri Yes (Go)
Non-Construction X Non-Construction	122 Are all	e resu arch activities proposed de	signated to be
10, is application subject to review by Executive Order 12	2372 process? exemp	from t > regulations?	
X Yes (Date made available to the Executive O process for review): _07_/_06_/_2004	rder 12372 Yes (Pro	mption(s) #):	
•	No (Prov	le Asc irance #):	
No (If "No," check appropriate box helow.)Program is not covered by E.O. 12	372. 13. Descriptive Til	of Ar Ilicant's Project:	
Program has not been selected by	State for review.	ing for At-Rock You	uth
11. Proposed Project Dates: 08 /-01 / 2004 0	8 / 01 / 2005		
	End Date:	<u> </u>	
Estimated Funding Author 15. T	orized Representative Information to the best of my knowledge and belief, all of	nta in (is preapplication/application	n are true
	and correct. The document has been duly a		
	and the applicant will comply with the attact	1 1	awarded.
c. State \$ <u>0.00</u> Author	orized Representative (Please type or print	ame c harly.)	
d. Local \$0_00	Kimberly Frederick		
	e: President/Project Director	M (10) 000 4545	
11.173.0		x#: (10) <u>609 - 1515</u>	
	Mail Address: RajsedAtSU	eaol.c m	
g. TOTAL \$ 142,898.08 e. Sig	mature of Authorized Representative	Date:	2608



U.S. Department of Education

u A laformation	Organizational Unit
pplicant Information	Foundation Office of SAFe and Drug -
Name and Address In A. Pappas Directions Legal Name:	
Address: 2626 W.III & Street	OMD 1865-0013
Address: 2626 N	
	CALIF Las Angoles 90308
Taylord	State County 2IP Code + 4
City	Since No.
Applicants Dell-N-S Number 1 3 8 7 3 8 6 1 7	6. Novice Applicant Yes No
	7. Is the applicant delinquent on any Federal debt?YesNo
3. Applicant's T-I-N 4 191 - 1 12 5 7 18 19 19	(If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84.	www.in. Ha have 1 1 1 1
mantage Programs	8. Type of Applicant (Enter appropriate letter in the box.)
Title: Mentoring trograms	E Independent School District
,	C. Public College of University
5. Project Director Gloria Ban Ford	C - Special District H - Private, Non-profit Compage of
5. Fibject Director.	University D - Indian Tribe 1 - Non-profit Organization
Address.	E - Individual J - Private, Profit-Making Organization V
Gardena CA GO249 City 7077 (1565 State 2) 7574 6/88	K-Other (Specify): JUL 0 6 2004
City Tel. #: (323 757-6/88 Fax #: (\$23) 757-6/88	2004
L. L. STURA COM	C True a management
E-Mail Address: Kneta a Juno. Com	STATE CLEARING HOUS
Application Information	Are now research activities involving human subjects planned at
9. Type of Submission:	and along during the ntohogged Druged Period?
Construction Construction	Yes (Go to 12a.) Vo (Go to Item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be
10. Is application subject to review by Executive Order 12372 process?	exempt from the regulations? Yes (Provide Exemption(6) #):
Yes (Date made available to the Executive Order 12372 process for review):	
	No (Provide Assurance #):
No (If "No "check appropriate box below.) Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:
Program has not been selected by State for review	after School Violence prevention, Geadenic
11. Proposed Project Dates: Oct Story Oct 1 200	enhancement programs for grades K-12.
Start Deto: End Deto:	Thru Culinary Arts.
Authorized Repress	
Catherine To the best of m	v knowledge and beneft, the data in this proapproactor, approactor,
14s. Federal \$3 @000 00 and correct. The	a document has been duly authorized by the governing body of the applicant
and the applican	nt will comply with the sittached assurances if the assistance is dwarded.
c. State \$,00 a, Authorized Repres	eentative (Please type or print name clearly.)
discel s o o Geloria de	Banford
e Other \$ 6 00 b. Title: Direc	JOT / (NAME 707) 75/ 74/
1. Program Income \$ (0.0 \(\alpha \) 00	279-2190_Fax #: (323) 755-7611
d, E-Mail Address:	kusta a Tuna. com.
g. TOTAL 5 00 0. Signature of Aut	horized Representative
	ria Bandard Date: 1,6,2004

7/6/2004

Date:

f. Program Income

g. TOTAL

223,400.00

U.S. Department of Education Application for Federal Form Approved OMB No. 1875-0106 Exp. 11/30/2004 Education Assistance (ED 424) Applicant Information Organizational Unit 1. Name and Address Legal Name: Big Brothers Big Sisters of San Francisco & the Peninsula 600 Townsend Street, Suite 120e - 4955 94103 CA San Francisco San Francisco ZIP Code + 4 State County City 6, Novice Applicant 2. Applicant's D-U-N-S Number 7. Is the applicant delinquent on any Federal debt? Yes 3. Applicant's T-I-N (If "Yes," attach an explanation.) 4. Catalog of Federal Domestic Assistance #: 8 Title: KISmet: Kids in School Meeting their Match 8. Type of Applicant (Enter appropriate letter in the box.) 5. Project Director: Nancy Torrey G Public College or University A State H Private, Non-Profit College or University Address: 600 Townsend Street, Suite 120e B Local C Special District Non-Profit Organization 94103 - 4955 San Francisco D Indian Tribe Private, Profit-Making Organization ZIP Code + 4 E Individual K Other (Specify): Tel. #: (415) 503-4058 Fax #: (415) 503-4051 6 Independent School District E-Mail Address: _ ntorrey@sf-bbbs.org Application Information 12. Are any research activities involving human subjects planned at any time 9. Type of Submission: during the proposed project period? -PreApplication -Application Construction Construction Non-Construction Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 process? Yes (Provide Exemption(s) #): Yes (Date made available to the Executive Order 12372 No (Provide Assurance #): process for review): 7/6/2004 13. Descriptive Title or Appurous KISmet: Kids in School Meeting their Match / STATE CLEARING HOUSE 13. Descriptive Title of Applicant's Project: No (If "No," check appropriate box below.) Program is not covered by E.O. 12372 Program has not been selected by State for review. Start Date: End Date: 10/1/2004 9/30/2007 11. Proposed Project Dates: Authorized Representative Information Estimated Funding 15. To the best of my knowledge and belief, all data in this preapplication/application are true and 193,800.00 14a. Federal correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. 6,100.00 \$ b. Applicant a. Authorized Representative (Please type or print name clearly.) Sherry Squire Mitchell \$ 0.00c. State Executive Director 00.0 d. Local 2 (415) 503-4055 (415) 503-4051 c. Tel. #:_ 23,500.00 \$ e. Other ssmitchell@sf-bbbs.org 0.00

e. Signature of Authorized P

esentative

Application for Federal	U.S. Department of Education Form Approved OMB No. 1875-0106
Education Assistance (ED 424) Applicant Information	Exp. 11/30/2004
Name and Address	Omericant Link
Legal Name: America On Track	Organizational Unit
Address: 2030 East Fourth Street	Orange County On Track
Suite 248	
Santa Ana	CA Orange 92705 - 3920
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 2 5 1 1 8 4 8 4	6. Novice Applicant Yes V No
3. Applicant's T-I-N 3 3 - 0 7 2 4 0 4 4	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Terry Thompson	A State G Public College or University
Address: 2030 E. Fourth St., Suite 248	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
Santa Ana CA 92705 - 3920 City State ZIP Code • 4	D Indian Tribe J Private, Profit-Making Organization
Tel. #: (714) 531-7144 Fax #: (714) 531-7773	E Individual K Other (Specify):
	F Independent School
E-Mail Address: OCOnTrack@aol.com	D130100
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time during the proposed project period?
—PreApplication —Application	
Construction Construction	Yes (Go to 12a.) No (Go to Item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be exempt
10. Is application subject to review by Executive Order 12372 process?	from the regulations?
Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review): 7/3/2004	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project:
Program is not covered by E.O. 12372.	\ JUL 0 3 2004
a final fina	Kids On TrackThrough Mentoring
Program has not been selected by State for review.	STATE CLEARING HOUSE
Start Date: End Date: 11. Proposed Project Dates: 10/1/2004 9/30/2007	STATE CLEARING TIOSE
	zed Representative Information
	of my knowledge and belief, all data in this preapplication/application are true and the document has been duly authorized by the governing body of the applicant and
the application to the applicati	ant will comply with the attached assurances if the assistance is awarded.
c. State \$.00 Claire B	Representative (Please type or print name clearly.)
b. Title	ecutive Director
d. Local \$ 36,823.00	714) 531-7144 Fax #: (714) 531-7773
e. Other \$ 13,000.00 c. Tel. #:(714) 531-7144 Fax F: (714) 531-77/3
f. Program Income \$.00 d. E-Mail Ad	dress: OCOnTrack@aol.com

PRO184B040023

F

Application for Federal Education Assistance



U.S. Department of Education Form Approved OMB No. 1875-0106

Application Assistant

I. Name and Address

Legal Name: Poway Unified School District

Address: 13626 Twin Peaks Road

Poway

City

2. Applicant's D-U-N-S Number 078727336

956002452

<u>CA</u> Starc Organizational Unit

Student Support Services Department

San Diego County 92064 - 3098 ZIP Code + 4

Exp.

6. Novice Applicant No

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

nestic Assistance #: 84 1841

5. Project Director: Elaine M Cofrancesco

Address: 13626 Twin Peaks Road

Poway City

3. Applicant's T-I-N

<u>CA</u> State 92064 - 3098 ZIP Code + 4

Tel. #: (858) 668-4066

Fax #: (858) 679-8375

7.Is the applicant delinquent on any Federal debt? N (if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

A State
B Local

G Public College or University
H Non-Profit College or University

C Special District

I Non-Profit Organization

D Indian Tribo

J Private, Profit-Making Organization

E Individual

K Other (Specify):

F Independent School District

E-Mail Address: ecofrancesco@powayusd-com

Application Information

9. Type of Submission:

--PreApplication

Non-Construction

JUL U 2 2004

STATE CLEARING HOUSE

Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

12a. Are <u>all</u> the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 07/02/2004

No (Provide Assurance #, if available):

11. Proposed Project Dates:

 Start Date:
 End Date:

 10/01/2004
 09/30/2007

13. Descriptive Title of Applicant's Project:
The MBSA Program (Mentors Empowering Students To Acheive)

Estimated Fur	ding		
14a. Federal	\$	200,000	.00
b. Applicant	\$	50,000	.00
c. State	\$	0	,00
d. Local	\$	0	.00
c. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	250,000	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/
application are true and correct. The document has been duly
authorized by the governing body of the applicant and the applicant
will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Donald A. Phillips Ed.D.

b. Title

Superintendent

c. Tcl. #: (858)748-0010 Fax #: (858)679-2642

d. E-Mail Address: dphillips@powayusd.com

e. Signature of Authorized Representative

On Thillip

ED 424

REV. 11/12/99

http://e-grants.ed.gov/e-App/viewforms/eaF424v2 View.asp?PRAwardNo=184B00000&EntId=2... 07/02/2004



U.S. Department of Education

Applicant Information	Organizational Unit
1. Name and Address Legal Name: Grant Joint Union High School	District Grant Community Outreach
Address: 1333 Grand Avenue	Academy & Futures High School
Building A	
Sacramento CA	Sacramento 95838 - State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 3 9 9 0 4 2 7 1	6. Novice ApplicantYes XNo
3. Applicant's T-I-N 9 4 - 6 0 0 2 5 1 2	7. Is the applicant delinquent on any Federal debt?Yes $\frac{X}{}$ NoYes," attach an expianation.)
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	
Title: Office of Safe and Drug-free	8. Type of Applicant (Enter appropriate letter in the box.)
Schools Mentoring Program 5. Project Director: Randy Orzalli	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University
Address: GJUHSD 5201 Arnold Avenue	D - Indian Tribe ! - Non-profit Organization E - Individual J - Private, Profit Van Garise on
McClellan CA 95652 City State Zip code + 4 Tel. #: (916) 643-9891 Fax #: (916) 643-9893	K - Other (Specify): JUL 0 2 2004
E-Mail Address: randyorzalli@grant.k12.ca.us	STATE CLEARING HOUS
Application Information 9. Type of Submission: -PreApplication	12. Are any research activities involving human subjects planned at OUS any time during the proposed project period? — Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? — Yes (Provide Exemption(s) #): No (Provide Assurance #):
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project: Grant Community Charters
11. Proposed Project Dates: 8 / 25/ 2004 8 /25 / 2007 Start Date: End Date:	Mentoring Program
Estimated Funding (Year One) Authorized Representative 15. To the best of my knowledge of the control of the c	ledge and belief, all data in this preapplication/application are true
174. Cacial +	nent has been duly authorized by the governing body of the applicant
	omply with the attached assurances if the assistance is awarded.
:. State \$ 0 .00 a. Authorized Representative	e (Please type or print name clearly.)
i. Local	uchanan
other \$ 7,850 00 b. Title: GJUHSD Supe	erintendent (916)_263 - 6205
Program Income \$ 0 .00 c: Tel. #: (916) 286 d. E-Mail Address: larr	- 4921 Pax #: (916) 263 - 6205 ybuchanan@grant.k12.ca.us
132,440 no a Signature of Authorized	Representative
- Tany M	Buchana Date: 7/2/2004

FEDERAL ASSISTANC	E	2. DATE SUBMITTED	June 25, 2004	Applicant Ide	entifier	
1. TYPE OF SUBMISSION:	Ta	3. DATE RECEIVED B		State Application Identifier		
Application Construction	Pre-application Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Iden	tifier	
Non-Construction	☐ Non-Construction				en de Angles de Marie Sala	
5. APPLICANT INFORMATIO) Legal Name:			Organizational Unit:	······································		
•	Park Mutual W	ater Co. Inc.	Department:	ha di sepina di mangani pada pada di mangani		
Organizational DUNS: 155			Division:	and a construction of the	agaggi enterprise mendagi, reprise trasis dia pian termanian sentengan pendapan berasa dia pagangan berasa dia Kanada dia Permana dia mendapan dia pagaman pendapan mendapan pendapan dia pendapan pendapan pendapan berasa d	
Address:			Name and telephone	number of n	erson to be contacted on matters	
Street: 40317 114L	Street West		involving this applic	ation (olve ar	(ahra car	
	Street West		<u> </u>	First Name:	Philip	
ranngale			- Fuu			
Los Aligele			Last Name Woo	<u>od</u>	Court is the second	
State: California	Zip Code 93551-0	3024	Suffixe	erzako 1930.	rantikus bus eraps	
	es of America	oven haroma		@rgloba	l.net	
6. EMPLOYER IDENTIFICATION			Phone Number (give a	rea code)	Fax Number (give area code)	
more come a man special manufactured based by a file.	<u> </u>		(661) 273-29		(661) 266-7938	
TYPE OF APPLICATION:	w I ^{rr} . Continu a tio		O. Not fo	WT: (See bad)r Profit	ck of form for Application Types)	
Revision, enter appropriate let See back of form for description	ler(s) in boyles)	n Revision	Other (specify)			
Other (specify)	an an T imberani	9. NAME OF FEDERA	I AGENAV			
0. CATALOG OF FEDERAL I				L.	JSDA Rural Developn	
V. CATALOG OF FEDERAL	JUMESTIC ASSISTANT	CE NUMBER:	11. DESCRIPTIVE TIL			
TITLE (Name of Program):	Francisco (Mariana)		 A. Bernard, M. C. Scholm, M. S. Scholm, Phys. Lett. B 54, 115 (1997). 	Salar William Read South Street	ll, storage tank, Emerg	
2. AREAS AFFECTED BY PR	Table 1 State of the second of the	States at: 1	produced in the production of the control of the co	All real to the North Control of the Control	I, Pumps, to provide s	
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3. PROPOSED PROJECT	grant because of the leave,	garang no no kabang panggan kal	14. CONGRESSIONA	L DISTRICTS	OF:	
Start Date: ASAP	Ending Date: ASA	\mathbf{P}_{i}	a. Applicant 25th	i singiliya daga	b. Project 25th	
Aum			TAR IR ABBUTCATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE	
5. ESTIMATED FUNDING:	e el vigely topic	asionale brooking			LUCAIEM DI STATE EVECOTIAE	
	MIN/FR	Varore."	ORDER 12372 PROCE	SS7 APPLICATION	WAPPLICATION WAS MADE	
5. ESTIMATED FUNDING:	EIVED	700000	a. Yes. AVAILABL	SS7 APPLICATION	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
5. ESTIMATED FUNDING: . Foderal . Applicant	EIVED	700000	a. Yes. THIS PROCESS	ISS? APPLICATION IE TO THE ST S FOR REVIEL	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
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5. ESTIMATED FUNDING: . Foderal . Applicant State . Local	name a mark i promi daga men	700000	DATE: b. No. PROGRAM	ISS? APPLICATION E TO THE ST FOR REVIEU M IS NOT COV	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 N ON PERED BY E. O. 12372	
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5. ESTIMATED FUNDING: . Foderol . Applicant . State . Local . Other . STATE CL Program Income . STATE CL	EARING HOUSE		DATE: b. No. IT PROGRAM OR PROGRAM DATE: D. No. IT PROGRAM OR PROG FOR REVI	ISS? APPLICATION E TO THE ST FOR REVIEN M IS NOT CON RAM HAS NO EW IT DELINQUE	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 N ON WERED BY E. O. 12372 IT BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT?	
5. ESTIMATED FUNDING: . Foderal . Applicant . State . Local . Other . STATE & Program Income . TOTAL	EARING HOUSE	00,000	DATE: D. No. TO PROGRAM OR PROGRAM DATE: D. No. TO PROGRAM OR PROG FOR REVI 17. IS THE APPLICAN C Yes if "Yes" attach	APPLICATION E TO THE ST FOR REVIEN IS NOT CON RAM HAS NO EW IT DELINQUE an explanation	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 N ON VERED BY E. O. 12372 IT BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT?	
5. ESTIMATED FUNDING: Foderol Applicant Slate JUST Control STATE CL Program Income TOTAL S. TO THE BEST OF MY KNOWN COMMENT HAS BEEN DULY TACHED ASSURANCES IF TOTAL S. TOTHE DESTIMATED FOR THE STATE CL	EARING HOUSE 7 WLEDGE AND BELIEF, AUTHORIZED BY THE	00, 000 ALL DATA IN THIS APP	DATE: b. No. PROGRAM C OR PROG TOR PROGRAM C OR PROG TOR PROGRAM C OR PROG TOR PROGRAM C Yes If "Yes" attach. C Yes If "Yes" attach.	APPLICATION APPLIC	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 N ON WERED BY E. O. 12372 IT BEEN SELECTED BY STATE INT ON ANY FEDERAL DEBT? INTERNAL AND CORPECT. THE	
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5. ESTIMATED FUNDING: Foderal Applicant State JUST Conter STATE CL Program Income TOTAL B. TO THE BEST OF MY KNOWN COMMENT HAS BEEN DULY ATTACHED ASSURANCES IF TAUTHORIZED Representative refix asst Name Wood	EARING HOUSE 7 WLEDGE AND BELIEF, AUTHORIZED BY THE HE ASSISTANCE IS AVERTHER Philip t Board of Dire	OO, OOO ALL DATA IN THIS APP GOVERNING BODY OF	DATE: D. No. IT PROGRAM OR PROGRAM OR PROGRAM OR PROGRAM OR PROG FOR REVI 17. IS THE APPLICAN L'Yes If "Yes" attach PLICATION/PREAPPLIC Middle IT Suffix	APPLICATION E TO THE ST FOR REVIEV MIS NOT COVERAM HAS NO EW TO DELINQUE AN explanation ATION ARE THE APPLICA Name Anne Number	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 N ON VERED BY E. O. 12372 IT BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? I XNO IRUE AND CORRECT. THE NT WILL COMPLY WITH THE	

	APPLICATION FOR			2. DATE SUBMITTED			Applicant Identifier			
FEDERAL ASSISTAN	ICE		05/17/2004							
1. TYPE OF SUBMISSION:			3. DATE RECEIVED	BY STATE		State Applica	ation Identifier			
Application	Preapplication	า								
Construction	Construc	tion	A. DATE RECEIVED	BY PEDERAL A	VOENCY	Fødera Idani	nter			
✓ Non-Construction	Non-Cons	struction								
5. APPLICANT INFORMATION				Organization	al Unit:					
* Legal Name: City of San Bu	enaventura			Department:	Police					
Organizational DUNS:	039974761			Division:						
Address:				Name and tele this application	phone num	ber of person t	to be contacted on matters involving			
* Street1: 1425 Dowell Drive				Prefix: Mr.			ryan			
Street2:				L						
* City: Ventura	Count	ty Ventura		Middle Name:	Roberts					
* State: CA * Zip	Code: 93003	* Cou	ntry USA	* Last Name:		mail: brobe	rts@ci.ventura.ca.us			
6. * EMPLOYER IDENTIFICATION		EINI):		Suffix: * Phone Number			ax Number (give area code)			
	JI HOMBEN [EIN).		905-339-4489	er (give are		05-339-4487			
95-6000807				1	ADDI ICAN		al Government			
8. TYPE OF APPLICATION:	vi D	nvialon		7. * TYPE OF A	AFFLICAN					
New Continua		evision		Country (Witnesseld						
If Revision, enter appropriate lette A Increase Award B. Decrease Aw		e Duration		9. * NAME OF	FEDERAL	AGENCY:				
A. Increase Award B. Decrease Award D. Decrease Duration Other (specify,				Community Oriented Policing Services						
10. CATALOG OF FEDERAL DO		ISTANCE	16.710				ANT'S PROJECT:			
TITLE: Public Safety Partnership			Annual Control of the	Ventura Safe Schools Initiative						
				4						
12. * AREAS AFFECTED BY PR	COSECT	ies, Counties, States,	_							
City of San Buenaventura (Ventu	ıra)									
13. * PROPOSED PROJECT:				14. * CONGRESSIONAL DISTRICTS						
* Start Date	*	Ending Date		* a. Applicant			* b. Project			
10/01/2004		09/30/2007		24			24			
15. * ESTIMATED FUNDING:							EVIEW BY STATE EXECUTIVE			
* a. Federal	\$	125,00	0.00	ORDER 1237	PREAPPLIC	CATION/APPLIC	CATION WAS MADE AVAILABLE TO			
* b. Applicant	7 5 5/1	239,57	7.00	THE STATE E	XECUTIVE	ORDER 12372	PROCESS FOR REVIEW ON:			
* c. State	\$		71	✓ Y	ES DA	TE 05/17/	2004			
* d. Local / ////	L			b. PROGRAM IS NOT COVERED BY E.O. 12372						
* e. Other		r b		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIE						
* f. Program Income	ADIA			17. IS THE A	PPLICANT	DELINQUENT	T ON ANY FEDERAL DEBT?			
g. TOTAL	TAMO PA	MISE				ttach an explai				
18. * TO THE BEST OF MY KNOWLEDG GOVERNING BODY OF THE APPLICAN	E AND BELIEF, ALI T AND THE APPLIC	L DATA IN THIS A	PPLICATION/PREAPPLIC LY WITH THE ATTACHED	ATION ARE TRUE A ASSURANCES.	ND CORRECT	r. THE DOCUMEN	T HAS BEEN DULY AUTHORIZED BY THE			
a. Authorized Prefix: Mr.	* Fi	irst Name: R	evis		Middle	Name				
Representative Last Name							Suffix:			
* b. Title: Management Analys	t II			ephone Number		<u></u>	39-4437			
* Email: rrobinson@ci.ventura				ımber (give area			58-9335			
d. Signature of Authorized Co	mpleted on subi	mission to Gra	nts.gov		e. Date	Signed: Con	npleted on submission to Grants.gov			

APPLICATI	ON FOR	r				OMB Approval No. 0348-0043
FEDERAL A	ASSISTANCE	2. [DATE SUBMITTED	06/29/2004	Applicant Identifier	
1. TYPE OF SUBM Application Construction	Preapplica	tion 3. I	DATE RECEIVED BY	STATE	State Application Identifier	
Non-Constru	; —		DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	¥
5, APPLIANT INFOR	MATION			***************************************		
Legal Name:	SAN D	DIEGO, CITY OF	7	Organizational Unit	SAN DIEGO POL	ICE DEPARTMENT
	unty, state, and zip code):			Name and telephor this application (giv	ne number of the person to be con re area code)	ntacted on matters involving
	Broadway	ra m			Varlick (619) 531-2221	
	iego (County Of	(San Diego)		San Diego I	Police Department, Ms 7	704a
Canto	rnia 92101			1401 Broad	lway, San Diego, Ca 921	101
6. EMPLOYER IDENT	IFICATION NUMBER (EIN	1):	***************************************	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	C
9	5 _ 6	0 0 0 7	7 6	A. State	H. Independent Scho	http://www.
<u> </u>		0 0 0 7	1 0	B. County	·	stitution of Higher Learning
8. TYPE OF APPLICAT	ION:			C. Municipal	J. Private University	addition of higher Learning
O. TITE OF AFFEIDA	New	Continuation	Revision	D. Township	K. Indian Tribe	
	₹2 /46M	Continuation	Revision	E. Interstate	L. Individual	
le Bardalan				F. Intermunicipal	M. Profit Organization	
1	opriate letter(s) in box(es):			G. Special District	•	
A. Increase Awar			ase Duration		N. Other (Specify): _	
D. Decrease Du	ration Other (specia	fy):		9. NAME OF FEDERAL	L AGENCY:	
					U.S. DEPARTMENT OF	JUSTICE
				OFFICE C	OF COMMUNITY ORIENTEI	
10. CATALOG OF FED		1 6 .	7 1 0			
ASSISTANCE NUM	MBER:	<u> </u>	/ 1 0	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
TITLE:						
IIILE:						
	***************************************			-	0.000.000.000	
12. AREAS AFFECTED	BY PROJECT (cities, cou	inties, states, etc.):		C	OPS 2004 Technolog	gy Program
City	Of San Diego, Co	ounty Of San Die	go.			
	State Of C		<i>6 /</i>			-
48 55000055 500		T				
13. PROPOSED PROJE		14. CONGRESSIONAL D	ISTRICTS OF:			
Start Date	Ending Date	a. Applicant			b. Project	
01/23/2004	01/22/2005	49, 50, 51, 52			49, 50, 51, 52	
		,,,			15, 50, 51, 52	
15. ESTIMATED FUND	NG:		16. IS APPLICATION	ON SUBJECT TO REVEIE	W BY STATE EXECUTIVE ORDER 12	372 PROCESS?
a. Federal	\$ 98,94	4800	1		PLICATION WAS MADE AVAILABLE T	1
			ST	ATE EXECUTIVE ORDER	12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$.00				
	FOEN		DA ⁻	TE 06 /	/29/2004	
c. State	4FOEIVE					
			b. NO.	PROGRAM IS NOT COVE	ERED BY E.O. 12372	
d. Local	s JUL 0 1 2	004 .00]			
			Ι п,	OP PROCRAM HAS NOT	BEEN SELECTED BY STATE FOR RE	EVII EVA
e. Other	s	.00	1 - '	CIT ENGGRAMITAS NOT	DELIN SELECTED DI STATE FUR RE	= V I I E V V
s ls	TÅTE CLEARING	HOUSE				
f. Program Income	\$		47 10 7115 10011	ANT DEL MANTE -		
i. i-rogram income	*	.00	17. IS THE APPLIC	ANT DELINQUENT ON A	NY FEDERAL DEBT?	
- TOTAL				Is the common of		
g. TOTAL	\$ 98,94	18. .00	Yes	If "YES" attach an explana	ition. 🗵 No	
40 TO THE SECTION	N. (2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		L			
					ND CORRECT, THE DOCUMENT HAS	
AUTHURIZED BY THE G	OVERNING BODY OF TH	E APPLICANT AND THE A	PPLICANT WILL COM	MPLY WITH THE ATTACH	HED ASSURANCES IF THE ASSISTAN	ICE IS AWARDED
a. Typed Name of Autho	rized Representative		Ь.	Title		c. Telephone number
•	WILLIAM T. LA	NSDOWNE			OF POLICE	(619) 531-2777
d. Signature of Authorize)		CARACI		
- J.g. Store of Aprilo1126	- Topicosinative	✓ ∩				e. Date Signed
4	~ milli ()	madisi	-		,	06/27/2004
Previous Editions Not Usa	able	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Standard Form 424 (REV 4-88)

APPLICATION FOR		<u> </u>		<u> </u>	Version 7/03		
FEDERAL ASSISTANCE	EDERAL ASSISTANCE 2. DATE SUBMITTED 6/28/2004			Applicant Iden	tifie		
1. TYPE OF SUBMISSION:	Duranniination	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier		
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGEN	NCY Federal Identifier			
Construction	Construction						
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational	Unit:			
Menorah Housing Foundation			Department: Menorah Housir	ng Foundation			
Organizational DUNS: 94-690-5304			Division: N/A				
Address:					rson to be contacted on matters		
Street:			Prefix:	pplication (give are First Name:	a code)		
1618 Cotner Avenue			Ms. Middle Name	Anne			
City: Los Angeles	The state of the s						
County: Los Angeles	77. 0.1.		Last Name Friedrich				
State: California	Zip Code 90025		Suffix:	and the second s			
Country: United States			Email: afriedrich@mer	orahhousing.org			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)		
23-7103775			(310) 477-4942	x. 26	(310) 477-5307		
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See back	of form for Application Types)		
New If Revision, enter appropriate lett	Continuatio	n 🔲 Revision	O - Not for Profi	t Organization			
(See back of form for description	of letters.)		Other (specify)				
Other (specify)			9. NAME OF FE U.S. Departmen	DERAL AGENCY: at of Housing and Urb	an Development		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	CE NUMBER:		VE TITLE OF APPLI	CANT'S PROJECT:		
		1 4-1 5 7		t Senior Housing tion 202 Subsidized F	lousing for Very Low Income		
TITLE (Name of Program): Section 202 Supportive Housing	for the Elderly	اسا سا ساسا	Elderly				
12. AREAS AFFECTED BY PRO		s. States. etc.):	2 mixed finance units @ 50% AMI funded by the City of Los Angeles				
City of Los Angeles		,,,	Housing Department				
13. PROPOSED PROJECT			14. CONGRESS	SIONAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant		b. Project		
1/1/05	6/30/06		30th	TION SUBJECT TO	27th REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372 F	PROCESS?			
a. Federal 202 Capital Advance	EII/ED	9,359,730	a. Yes. 🗹 THI	S PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant	FIVED	10,000		OCESS FOR REVIEW			
c. State	L 0 1 2004	.00	DAT	TE: June 28, 2004			
d. Local \$	41000	1,281,627	b. No. 🔲 PRO	OGRAM IS NOT COV	ERED BY E. O. 12372		
e. Other STATE	LEARING HOUSE	.,00	n OR	PROGRAM HAS NO	T BEEN SELECTED BY STATE		
f. Program Income \$		1,385,280			NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		12,036,637	☐ Yes If "Yes"	attach an explanation	ı. 🛭 No		
18. TO THE BEST OF MY KNO	WI FDGE AND BELIEF	· · · · ·		•	' I		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF 1	HE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE		
a. Authorized Representative			la la	Aiddle Neme			
Prefix Ms.	First Name Anne			/liddle Name			
Last Name Friedrich			S	Guffix			
b. Title President	^			. Telephone Number (310) 477-4942 x. 26	(give area code)		
d. Signature of Authorized Repre	sentative	e tank	e	. Date Signed			



U.S. Department of Education

Applicant Information 1. Name and Address	Organizational Unit					
Legal Name: <u>Lake Avenue Community Foundation</u>						
Address: <u>712 E. Villa Street</u>						
<u>Pasadena</u> City	CA Los Angeles 91101 - 1244 State County ZIP Code + 4					
2. Applicant's D-U-N-S Number 1 3 4 3 4 0 8 2 2	6. Novice Applicant X Yes No					
3. Applicant's T-I-N _9_54_8_4_7_9_5_0_	7. Is the applicant delinquent on any Federal debt? Yes X No					
4. Catalog of Federal Domestic Assistance #: 84184B_	(If "Yes," attach an explanation.)					
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)					
	A - State F - Independent School District B - Local G - Public College or University					
5. Project Director: Andy Bales	C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization					
Address: 712 E. Villa Street	E - Individual J - Private, Profit-Making Organization					
Pasadena CA 91101 1244 City State Zip code + 4 Tel. #: (626) 449 - 4960 Fax #: (626) 449 - 5030	K - Other (Specify):					
E-Mail Address:andyb@lakeave.org	lacksquare					
Application Information	STATE CLEARING HOU					
9. Type of Submission: -PreApplication -Application Construction Non-Construction X Non-Construction	12. Are any research activities involving human subjects planned at any time during the proposed project period? _X_Yes (Go to 12a.) No (Go to item 13.)					
10. Is application subject to review by Executive Order 12372 process? _X_Yes (Date made available to the Executive Order 12372 process for review): _6 / 28 / 2004	 12a. Are all the research activities proposed designated to be exempt from the regulations? X Yes (Provide Exemption(s) #): 					
	No (Provide Assurance #):					
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:					
11. Proposed Project Dates: 1 / 1 / 2005 12 / 31 / 2007	Neighborhood Student Mentoring (NSM)					
Start Date: End Date:						
Estimated Funding Authorized Repression 15. To the best of my	esentative Information knowledge and belief, all data in this preapplication/application are true					
14a. Federal \$ <u>520,000</u> . 00 and correct. The d	document has been duly authorized by the governing body of the applicant					
b. Applicant \$ 00 and the applicant	will comply with the attached assurances if the assistance is awarded.					
c. State \$00 a. Authorized Represen	ntative (Please type or print name clearly.)					
d. Local \$ <u>140,000</u> . 00 <u>Andy Bales</u>						
e. Other \$ <u>160,250</u> . 00 b. Title: <u>Executive D</u>						
f. Program Income \$ 00						
d. E-Mail Address:						
g. TOTAL \$ 937,150 . 00 e. Signature of Autho	orized Representative					
g. TOTAL \$ 937,150 . 00 e. Signature of Autho	prized Representative Date: (A 2804)					



U.S. Dep nent of Education

Applicant Information 1. Name and Address	Organizational Unit
Legal Name: Shasta County Chemical People, Inc.	
Address: P. O. Box 493777	
Redding	CA Shasta 96049 - 3777
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number \[\[5 \] \[5 \] \[5 \] \[5 \] \[6 \] \[6 \] \[3 \] \[6 \] \[3 \]	6. Novice Applicant X Yes No
3. Applicant's T-I-N 6 8 - 0 0 2 7 8 8 8	7. Is the applicant delinquent on any Federal debt?Yes _X_No (If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 841_ _8_ _4_ _B_	(3) 766, 4746, 574, 574
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
	A - State F - Independent School District B - Local G - Public College or University
5. Project Director: Betty Cunningham	C - Special District H - Private, Non-profit College or University
Address: P. O. Box 493777	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
	K - Other (Specify): FCFIVED
City State Zip code + 4	MINIO
Tel. #: (530) <u>241-5958</u> Fax #: (530) <u>247-091</u>	5 JUL 0 1 2004
E-Mail Address: <u>drugfree1@cs.com</u>	
Application Information	STATE CLEARING HOUSE
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time during the proposed project period?
-PreApplication -Application Construction Construction	Yes (Go to 12a.) X No (Go to item 13.)
Non-Construction X Non-Construction	12a. Are all the research activities proposed designated to be
10. Is application subject to review by Executive Order 12372 process?	exempt from the regulations?
X Yes (Date made available to the Executive Order 12372 process for review): 07 / 02 / 2004	Yes (Provide Exemption(s) #):
	No (Provide Assurance #):
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:
Program has not been selected by State for review.	Shasta Peer Mentoring Project
11. Proposed Project Dates: 10/ 01/ 2004 09/ 30/ 2005	
Start Date: End Date:	
Estimated Funding Authorized Repre 15. To the best of my k	sentative Information movements and belief, all data in this preapplication/application are true
	ocument has been duly authorized by the governing body of the applicant
	will comply with the attached assurances if the assistance is awarded.
***************************************	tative (Please type or print name clearly.)
d. Local \$ 00 Betty Cunning	
e. Other \$	
	241- 5958 Fax #: (530)2470915
d. E-Mail Address:	
g. TOTAL \$ 230,000. 00 e. Signature of Author	
Selly Co	Date: 07/ 02/ 2004

APPLICATIO			į	2. ' SUE	BMITTED	Ar nt		Ar nt Identifi	nt Identifier N/A		
FEDERAL A	SSISTAN	NCE			5/04						
TYPE OF SUBMI Application	SSION	Preapp	lication	3. DATE REC	CEIVED BY S	STATE		State Applicant Identifier N/A			
☐ Construction		☐ Con	struction	4. DATE RECEIVED BY FEDE			GENCY	Federal Identifie			
Non-Construc Non-Construct Non-Constr	tion	Non	-Construction						N/	A	
5. APPLICANT INFO	ORMATION										
Legal Name: San B	ernardino P	olice De	partment			Organizat	tional Unit:		epartment		
Organizational DUN	s: 0638	29779	9			Division:	Patr				
Address (give city, c	ounty, state, a	and zip c	code):			Name an	d telephone on <i>(give ar</i> ea	number of person	to be contacted	on matters involving this	
710 North	D Street					Name:		t Curtis,	Captain		
P.O. Box	1559					Phone:		84-5606	·		
San Berns	ardino, CA	92401				Fax:	909-3	88-4950			
6. EMPLOYER IDE			ER (EIN):			7. TYPE	OF APPLIC	ANT: (enter app		<u> </u>	
	956000	772				A. S			endent School D		
8. TYPE OF APPLI	CATION:					B. C C. M	ounty Iunicipal		e Controlled Insti ate University	tution of Higher Learning	
J. THE OF AFPER	J. 1, 1011.					D. T	ownship	K. India	an Tribe		
	⊠ Ne	w l	☐ Continuation	☐ Revision	o n		nterstate ntermunicipal		vidual it Organization		
If Revision, enter ap	propriate lette	r(s) in ho	ox(es):	П			pecial Distric		(Specify)		
A. Increase Awar		• •		ncrease Durat	tion						
D. Decrease Dur		ther (spe	ecify):			9. NAME OF FEDERAL AGENCY:					
						Department of Justice Office of Community Oriented Policing Services					
							Office	of Community	Oriented Poli	cing Services	
10. CATALOG OF I	FEDERAL DO	MESTIC	ASSISTANCE N	UMBER:		11. DES	CRIPTIVE T	TITLE OF APPLIC	ANT'S PROJEC	T:	
		Γ	1 6	7 1	0	Mobile Data Computer (MDC) Replacement					
TITLE: 2004 Te	chnology Ini	Litiative	• [
12. AREAS AFFECTE			counties, states, etc	 c.):		MECEIVED					
City and	County	of S	an Bernard	lino, St	ate						
of Califo			14. CONGRESS	IONAL DIST	PICTS OF:				 \ JUL	. 0 2 2004	
Start Date	Ending Date	,	a. Applicant	NOINAL DIST	MO13 UF:	b.	Project		-		
	-		43				11/43		STATEC	EARING HOUSE	
1/23/2004	1/22/200	05	. •							-	
15. ESTIMATED FU	JNDING:					16.		ATION SUBJECT 372 PROCESS?	TO REVIEW BY	STATE EXECUTIVE	
a. Federal		\$		24	47369.00				TIONIA DDI 1047	ION WAS MADE	
h Anger						a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THESTATE EXECUTIVE ORDER 12372					
b. Applicant		\$.00			ROCESS FOR RE		THE ORDER 12012	
c. State		\$.00		DA	ATE 6/15/	Q4 (via m	mailto Calif	
d. Local		\$.00		b. NO. 🔲	PROGRAM IS	NOT COVERED	0.E.S.) D BY E.O. 12372	
e. Other		\$.00			OR PROGRAI		N SELECTED BY STATE	
f. Program Income		\$.00		10 THE A.		A	FEDERAL DEBT?	
g. TOTAL		\$.00		Yes		an explanation.	XX No	
18. TO THE BEST OF BY THE GOVERNING	MY KNOWLED BODY OF THE	GE AND	BELIEF, ALL DATA	IN THIS APPLIC	CATION/PRE	EAPPLICAT	TION ARE TRU ACHED ASSU	JE AND CORRECT.	THE DOCUMENT	HAS BEEN DULY AUTHORIZED ARDED.	
a. Typed Name of A	Authorized Rep	presenta			b. Title		of Pol			c. Telephone number 909-384-5607	
d. Signature of Auth						711161	01 101	100		e. Date Signed	
10 0	~ B									1. 24-04	
Hom	my	\sim	Audharing d.C. C.	I Done-du-E		Ctor	dard Form 424	(REV. 4-92)		Prescribed by OMB Circular A-10	
Previous Editions Usable	/ `	1	Authorized for Loca	ı Kebroauction		otano	aiu ruin 424	(IZEV. 4-82)		, resoluted by Office Should The To	

OMB Approval No. 0348-0043

A pplicati	on for F eder	al	•	U.S	6. Department of Education Form Approved
Education	n A ssistance	(ED 424)			OMB No. 1875-0106 Exp. 11/30/2004
Applicant Inf	formation				
1. Name and Address			Organiz	zational Unit	
Legal Name: Yolo C	County Office of Education		Currio	culum and Instruction	on
Address: 1240 H	Iarter Avenue			and the second s	
Woodla City	and .		Ca Yo	olo	95776 - 6106 ZIP Code + 4
2. Applicant's D-U-N-S	S Number 1 9 3 2 1	3 1 8 8	6. Novice Applicant		Zii Gode 7 4
3. Applicant's T-I-N 4. Catalog of Federal Do Title: Mentoring Pro	omestic Assistance #: 8 4 1	2 5 8 4 B	(If "Yes," attach an	explanation.)	debt? Yes V No
			8. Type of Applicant (E	inter appropriate lette	r in the box.)
5. Project Director: Ro Address: 1240 Har Woodland City Tel. #: (530) 668-37 E-Mail Address: ada	Ca 9 State 770 Fax #: (530) 66	5776 - 6106 ZIP Code + 4 68-3850	A State B Local C Special District D Indian Tribe E Individual F Independent School	Non-Profit OPrivate, ProfitK Other (Species)	-Profit College or University Organization It-Making Organization
Application I	nformation				
9. Type of Submission: —PreApplication	—Application		12. Are any research activiting the proposed	_	subjects planned at any time
Construction	Construction		Yes (Go to 12a.)	No (Go to ite	em 13.)
Non-Constru	ction Non-Construction		12a. Are all the reso from the regula		sed designated to be exempt
	to review by Executive Order 123:	•		Exemption(s) #):	
Yes (Date m	nade available to the Executive O	rder 12372			Newsystem
process	for review):		No (Provide A		HECEIVER
✓ No (If "No,	" check appropriate box below.)		13. Descriptive Title of Ap		LOCIVED
	m is not covered by E.O. 12372. m has not been selected by State fo	r review	You Make a Difference	ce Project	JUL 0 2 2004
				ST	ATECIE
11. Proposed Project Date	1011/0001	End Date: 9/30/2007			- ULEARING HOUSE
Estimated Fun	arng		zed Representa		
14a. Federal	\$ 600,000.00	correct. The		thorized by the governi	ation/application are true and ing body of the applicant and ssistance is awarded.
b. Applicant	\$.00	1	Representative (Please typ		
c. State	\$ 182,169.00	b Title	O. Ayala		
d. Local	\$ 165,000.00	Sup	perintendent of Schools		
e. Other	\$.00	c. Tel.#:(5	530) 668-3703	Fax #:(530) 668-3850
f. Program Income	\$.00	d. E-Mail Add	ress: ayala@ycoe.org	0	
g. TOTAL	\$ 947,169.00	e. Signature	of Authorized Representa	itive	Date: 6/29/2004
	* . ,	فؤ			



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

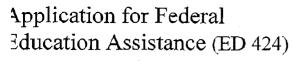
Applicant Information			Organizational Unit
Name and Address Legal Name: Butte County Department	of Behavioral Health		Prevention Unit
Address: 109 Parmac #2A		•	
	CA B	Butte	95926 - 2218 ZIP Code + 4
Chico City		punty	ZIP Code + 4
2. Applicant's D-U-N-S Number 8 5 8 9	1 7 0 2 4	6. Novice Applica	nt <u>x</u> YesNo
3. Applicant's T-I-N 9 4 - 6 0 0 0 5 0 6		7. Is the applicant	t delinquent on any Federal debt?Yes _x_No as," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84	_1_ _8_ _4_ _B	·	
Title:Mentoring Programs		8. Type of Applica	ant (Enter appropriate letter in the box.) <u>B</u>
5. Project Director: Amanda Montgomery		A - State B - Local C - Special	F - Independent School District G - Public College or University District H - Private, Non-profit College or
Address: 109 Parmac #2A		University D - Indian T E - Individu:	ribe I - Non-profit Organization
Chico CA City State Tel. #: (530) _891	95926 Zip code + 4 0) 891 - 2983	K - Other (S	
E-Mail Address: <u>amontgomery@buttecount</u>	y.net		
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction Non-Construction 10. Is application subject to review by Executive to process for review): 10. Is application subject to review by Executive to process for review): 10. Is application subject to review by Executive to process for review): 10. Is application subject to review by Executive to process for review): 10. Is application information 11. Is application subject to review by Executive to process for review): 12. Is application information 13. Is application subject to review by Executive to process for review): 14. Is application information inform	uction Order 12372 process? utive Order 12372	any time duYes (GYes (AYes (P	rarch activities involving human subjects planned at uring the proposed project period? so to 12a.). X No (Go to item 13.) If the research activities proposed designated to be not from the regulations? rovide Exemption(s) #): Ovide Assurance #):
No <i>(If "No," check appropriate box belo</i> Program is not covered by Program has not been sele	E.O. 12372.		Title of Applicant's Project: STATE CLEARING HOL
11. Proposed Project Dates: 07 / 01 / 2004 Start Date:	06 / 30 / 2007 End Date:		SCEARING HOU
Estimated Funding	Authorized Representat	owledge and belief, a	II data in this preapplication/application are true
14a . Federal \$ <u>\$200,000</u> . 00	and correct. The doc	cument has been duly	authorized by the governing body of the applicant
b. Applicant \$	and the applicant wil	II comply with the atta	ached assurances if the assistance is awarded.
c. State \$00	a. Authorized Representa	ative (Please type or p	orint name clearly.)
d. Local \$ 00	Dr. Bradford R. Luz		
e. Other \$, 00	b. Title: Director, Butte (
f. Program Income \$00	c. Tel. #: (530) <u>891</u> -		80) 895 - 6549
	d. E-Mail Address: bluz		
g. TOTAL \$ 00	e. Signature of Authoriz	zed Representative	Date: 7,2,04
	/ /	()	

	n for Federal					artment Form App IMB No. 11	
	Assistance (E	D 424)		13.5		Ехр. 77/30	
Applicant Infor	mation						
Name and Address Legal Name: ARC Asso	ociates		Or	rganizational Ur	nit .		
Address: 1212 Broa			-ner				
	UF		CA	Alameda		94612	- 1809
Oakland City			CA State	County		ZIP Code	
2. Applicant's D-U-N-S Nu	umber 0 3 7 6 4 9	0 3 5	6. Novice Applica	nt Yes	✓ No		
3. Applicant's T-1-N 9	4 - 2 4 6 6 5 4	2	7. Is the applicant				∕es ✓ No
4. Catalog of Federal Dome	estic Assistance #: 8 4 1	8 4 B	(If "Yes," attac	th an explanati	ion.)		r
Tide: Mentoring Progr	ams	44 1	8. Type of Applica	ant (Enter appr	ropriate letter in t	he box.)	I
5. Project Director: Nanc	y Grant		A State		Public College or I		
Address: 1212 Broad			B Local		Private, Non-Profi Non-Profit Organi		or University
Oak and	<u>CA</u> 946	12 - 2809 LIP Code + 4	C Special Distr D Indian Tribe		Private, Profit-Ma		nization
City (510) 834 0456			E Indi∨idual		Other (Specify):		
	5 Fax #: (510) 753-	1450	F Independent District	School			
E-Mail Address: ngrant	t@arcassociates.org						
App ication Int	formation	* *					
9. Type of Submission:			12. Are any research			ects plani	ned at any time
—PreApplication	-Application		during the prof	posed project p	eriod?		
Construction	Construction		Yes (Go to	o 12a.)	No (Go to item 1	3.)	
Non-Construction	on Non-Construction				ivities proposed d	esignate	d to be exempt
10. Is application subject to	review by Executive Order 12372	process?	r-1	regulations?			
'r'-	le available to the Executive Ord		 1		n(s) #) <u>:</u>		
process for	r review):_7/6/2004			A CONTRACT OF THE PARTY OF THE	e #):		
No (If "No,"	check appropriate box below.)		13. Descriptive Titl Charter Academ			(P)	
Program	is not covered by E.O. 12372.			ne wentoning	6	767	
	has not been selected by State for r	eview.	And the state of t	J	1 2004	Contraction of the Contraction o	
	,	nd Date:	402.5 Pm.3	And the first	4 4004	aneas, d	
11. Proposed Project Dates:	,	31/2007	l cr.	chalm WI las VI	51810 11011		
Estimated Fund	ina	Authori	zed Repres	A STATE OF THE STA		on	
			of my knowledge and				on are true and
14a, Federal \$	199,490.00	correct. The	e document has been	duly authorized	by the governing b	ody of the	e applicant and
b. Aprlicant \$.00	` ` `	nt will comply with the Representative (Plea			arree 15 2\	var deu.
c. State \$.00	Sau-Lim	•				
d. Local \$.00	b. Title Exc	ecutive Director				
e. Other \$.00	c. Tel,#:(5	510) 834-9455	F.	ax #: (510) 76	3-1490	
f. Program Income \$.00	d. E-Mail Add	ress 915ang@arc	associates.or	g		
g. TOTAL \$	199,490.00	e. Signature	of Authorized Repr	resentative		Date:	7/6/2004

U.S. Department of Education

Applicant Information STATE CLEARIN	G HOUSE
I. Name and Address	Organizational Unit
Legal Name UNCOMMON GOOD	CLINIC TO COLLEGE
Address: 435 BERKELEY AVE.	
CLAREMONT CA	LOS ANGÉLES 91711 - 4508 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 1/2651/01820	6. Novice ApplicantYesNo
3. Applicant's T-I-N 951-47191217192	7. Is the applicant delinquent on any Federal debt?Yes _X_NoYes, *attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84. 1814 8 4 8	
TITLE SAFE AND DRUG-FREE	8. Type of Applicant (Enter appropriate letter in the box.)
SCHOOLS MENTORING GRANT 5. Project Director. NANCY MINTIE	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or
ADDRESS: 435 BERKELEY AVE.	University D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
CLAREMONT CA. 91711 4508 City State Zip code + 4 Tel. #. (909) 625-2248 Fax #. (909) 625-0342	K - Other (Spearly):
E-Mail Address: Uncommongood Duncommang	ood-org
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction Non-Construction 10. Is application subject to teview by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):
process for review):	No (Provide Assurance #):
No (if No," check appropriate box below.)Program is not covered by E.O. 12372Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project: CLINIC TO COLLEGE CONSORTIUM
11. Proposed Project Dates: 10/1/104 9/30/07 Start Date: End Date:	
	wledge and belief, all data in this preapplication/application are true
	rment has been duly authorized by the governing body of the applicant
	comply with the attached assurances if the assistance is awanted.
	ive (Please type or print name clearly.)
d. Local \$ 0.00 NANCY M	
e. Other \$ 65,374 00 b. True; EXECUT	
f. Program income \$ 00 c. Tel. # (909) 62 S	
g. TOTAL	7 . 4
Janey	Date: / 1 / 07

U.S. Department of Education





pplicant Information . Name and Address				ganizational Uni	τ	
Legal Name; The University Corporation, California State University, N			Educa	ational Opportu	mity Program	
Address: 18111 Nordhoff Street		-				
Northridge City		<u>CA</u> State	Los Angeles County		91330 - 823 ZIP Code + 4	<u>32</u>
Applicant's D-U-N-S Number 0 5 5 7	5 2 3 3 1	6. N	ovice Applicant 🛭	Yes No		
Applicant's T-1-N 9 5 - 1 9 9 2 5		7. Is <i>(1</i>	the applicant delir I "Yes," attach an	iquent on any Fo	deral debt? 🗌 Yes	⊠ No
Catalog of Federal Domestic Assistance #: 84.	1 8 4 B					
Title: Mentor Programs		8. T	ypc of Applicant (I	Enter appropriate	e letter in the box.)	G
Project Director: Jose Luis Vargas			A - State B - Local C - Special District D - Indian Tribe E - Individual	G - Public Colle H - Private, Not I - Non-profit O	t School District ege or University n-profit College or Un rganization it-Making-Organizatio	*
Address: 18111 Nordhoff Street			K - Other (Specify):	7***	NEGE	
Northridge CA City State Tel. #: (818) 677 - 4151 Fax #: (818) 67				Company and the control of the contr	n) JUL	1 2004
E-Mail Address: jose.luis.vargas@csun.edu						
pplication Information Type of Submission: -PreApplication -Application Construction Construction Non-Construction Non-Construction	ion	12.	Are any research ac any time during th Yes (Go to 12a	tivities involving e proposed proje	g human subjects pl ct period?	RING HOUSE
Is application subject to review by Executive O Yes (Date made available to the Executive process for review): 07/01/2004	rder 12372 process? 2 Order 12372		exempt from	n the regulations'	proposed designate?	
_			☐ No (Provide A	ssurance#);		
☐ No (If "No." check appropriate box below ☐ Program is not covered by E.G ☐ Program has not been selected). 123 72.		Descriptive Title of			
-	09/30/2007 End Date:	EOP	/ILDE Community	Mentor Program	n	
stimated Funding	Authorized Represes. 5. To the best of my kn	entative nowledge a	Information nd belief, all data i	n this preapplica	tion/application are	: Iruc
a. Federal \$600,000.00	nd correct. The docume					
	nd the applicant will co				ance is awarded.	
	a. Authorized Representative (Please type or print name cl			ne clearly.)		
Local \$00	Scoπ Pérez					
	. Title: _Director of Res			-		***************************************
	Tel. #: (818) <u>677 - 290</u>		,	<u>.</u>		
TOMA .	. E-Mail Address: _sco	_				
FOTAL \$1,130,815.00	. Signature of Authoriz	zed Ropre:	sentative			



U.S. Department of Education

Applicant Inform	ation		•			Organizational	(
1. Name and Add	ess					Organizational U	nii	
Legal Name:	Friends for	Youth, In	nç,					
Address:	1741 Broad	way, Fir	st Floor					
	Redwood C	lity	<u>California</u> State	San Mar County	teo County	94063-2403 ZIP Code + 4		
		101415						
2. Applicant's D-U	-N-9 Number 📙	191415	1012191815	• 6	3. Novice Applica	ntYes $\overline{\mathbf{X}}$ No	•	
3. Applicant's T-l-l	194-2	9 6 1	0 3 4	7		delinguent on any s s," attach an explan	Federal debt?Yes	old X No
4. Catalog of Fede	ral Domestic Assi	stance #: 84	. 1 8 4 B					
Title: Mentor	ing Programs	<u>3</u>		8	3. Type of Applica	ant (Enter appropria	te letter in the box.)	
Office of	of Safe and D	rug-Free	Schools		A - State B - Local		- Independent School C I - Public College or Univ	
5. Project Director	Becky Coot	<u>per</u>			C - Special I D - Indian Tr	District/University Hilbe	- Private, Non-profit Co - Non-profit Organizatio	llege
Address:	1741 Broady	vay, First	Floor		E - Individua		- Private, Profit-Making Organization	
	Redwood C	ity Cal	ifornia 9406	3-2403	K - Other (S)	oecify): 		
	City	State	Zip cod	e + 4	***************************************			
Tel. #:	<u>(650) 368-4</u>	<u>465</u>	Fax #: (650) 368	<u>3-4467</u>				•
E-Mall Address	becky@frier	ndsforyou	uth.org					
Application inform	mation							
Type of Submiss	elon:	- (l- o4) o -		1			ng human subjects plan	ned at
-PreApplicatio	on -Ap struction	plication	struction			ng the proposed proto 12a.) $X \sim (G$		
	-Construction		-Construction		res (Go	10 124.) <u>A</u> NO (G	o to item 13.)	
				.0			es proposed designated	to be
			Order 12372 proces utive Order 12372	87	-	t from the regulation		
	cess for review): (‡):	
·	· -				No (Prov	ide Assurance #):		
100 ()/ 1/	lo," check appropi Program is not	riate box bell covered by	ow.) E.O. 12372.	1	3. Descriptive Tit	le of Applicant's Pro	elect:	
			ected by State for re-			Mentoring		
1. Proposed Proje	Sta	1/2004 rt Date:	09/30/2005 End Date:	<u> </u>				
stimated Fundin	9		Authorized Repre			lata in this pre-eppli	cation/application are tπ	I e
4a. Federal	\$ <u>20</u>	0.000, 00					verning body of the appli	
. Applicant	\$.	0.00					e assistance is awarded	
. State	\$	0.00	a. Authorized Rep					ed to be because
l. Local	\$	0.00	Becky Coope	<u>er</u>				<u> </u>
. Other	\$	<u>0. Q0</u>	b. Title: Executi	ive Directo	<u>or</u>		J	1 2004
Program Income	\$	0.00	c. Tel. #: (650)	<u>368-4465</u>	Fax #; (6 <u>50) 3</u> 68-4467		· LUUT
			d. E-Mall Address	becky@fr	iendsforyouth	.org	Corp A Toba Col E A	DING HULIG
. TOTAL	\$ 200	0,000, 00	e. Signature of A	uthorized Rep	presentative		DIAIL ULLA	NING FIUU
			~~~	OCK.	$('_{\Lambda})_{\Lambda}$	es	5 · 07/01/	2004
							Date: <u>07/01/</u>	<u> 2004</u>

PPLICATION FOR EDERAL ASSISTANCE	Ī.,	2. DATE SUBMITTE	P 7/7/04	Applicant ider	ntifler
TYPE OF SUBMISSION:		3. DATE RECEIVED		State Applica	tion Identifier
pplication	Pre-application	4 DATE RECEIVED	BY FEDERAL AGENC	Federal Ident	tifler
Construction Non-Construction	Construction  Noπ-Construction				
APPLICANT INFORMATION		malanas ser a ser	Ormanizational	16'	
gal Name:	Build Col	alihon	Organizational Ur Department:	111.	
Marin Caunty panizational DUNS:	Diegue cu	12	Division:		
desaction and DOING.	016058	4.3		ne number of pe	erson to be contacted on matters
dress:		,	involving this app	lication (give are	ea code)
733 G	enter BI	rid.	Prefix:	Firet Name:	Deb
Fairfa	×		Middle Name		
inty: Marin		and the state of t	Last Name	Hubsm	ith
te: (4	Zip Code 949	220	Suffix:	112-63-111	
Intry: 11 1 A	17/	<i>) \</i>	Email: A La Ga	marinh	ite ora
EMPLOYER IDENTIFICATION	ON NUMBER (FINI)		Phone Number (all	in area code)	Fax Number (give area code)
			415.45%	.3469	415-456-934-4
08-07/9399			7. TYPE OF APPL	ICANT: (See bar	ck of form for Application Types)
IF Ne		on / Revision		_	
evision, enter appropriate let a back of form for description	tter(s) in box(es) n of letters.)		Other (specify)	0	
· .			9. NAME OF FED	EDAL AGENCY:	1111
er (specify)					1011 / 3/1
CATALOG OF FEDERAL	DOMESTIC ASSISTAN	NCE NUMBER:			ICANT'S PROJECT:
		20-000	Share		20ad Public
LE (Name of Program); AREAS AFFECTED BY PR	Cooperative	Amreenen:	+ Edi		Campaign
		es, Stotes, etc.)	- Can	CATIVIL	
•	· County			NAL BIATRIA	- OE:
PROPOSED PROJECT	· TEnding Date:	1 . 1 .	14, CONGRESSIO	JNAL DISTRICTS	b. Project
17 1 1 1	Ending Date:	15/06	4.1	ON SUBJECT TO	O REVIEW BY STATE EXECUTIV
ESTIMATED FUNDING:	***		ORDER 12372 PR	OCESS?	yes
Federal	50	0,000	a. Yes. IN THIS	PREAPPLICATIO ABLE TO THE S	DES DEVIAPPLICATION WAS MADE THATE EXECUTIVE ORDER 12372
Applicant		,	PROC	ESS FOR REVIE	EWON
State	,		DATE	: 7/1	104
		-100	b No if PROC		OVERED BY E. O. 12372
_ocal		· · · · · · · · · · · · · · · · · · ·	D. NO. 11 1		OT BEEN SELECTED BY STATE
Other	6	, 500	( ) FOR	REVIEW:	ENT ON ANY FEDERAL DEBT?
Progrem Income	<b>•</b>		17. IS THE APPL	CANT DELINGU	
TOTAL	• • • • • • • • • • • • • • • • • • • •	, 500	☐ Yes If "Yes" #t	tach an explanation	on. E No
. TO THE BEST OF MY KN	THE SECTION OF THE SECTION	EF ALL DATA IN THIS	APPLICATION/PREAP	PLICATION ARE	TRUE AND CORRECT. THE
CUMENT HAS BEEN DUL' TACHED ASSURANCES IF	Y AUTHORIZED BY TH	IE COAEKINING BODI	OF THE APPLICANT A	AND THE APPLIC	CANT WILL COMPLY WITH THE
Authorized Representative			lk di.	ddle Name	
efix	First Name	000			
st Name Hub:	smith	· .		ffix	
Title Execut		tor	c.	Telephone Number	er (give area $\infty$ de) 3469
Signature of Authorized Rep		<u> </u>	e.	Date Signed	
evious Edition Usable	using		TWEST		Standard Form 424 (Rev.9-20 Prescribed by QMB Circular A-
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		STATE CLEAR	RING HOUSE		
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APPLICATION I	FOR ·			OMB Approval No. 0948-0043		
FEDERAL ASSI			2. DATE SUBMITTED	Applicant Identifier		
1. TYPE OF SUBMISSION			June 28, 2004			
Application	- Fre-Baplicetian		3. DATE RECEIVED BY STATE	State Application Identifier		
Construction	Construction			•		
- Total oddolf	Solialization		4. DATE RECEIVED BY FEDERAL AGENCY	Fsderal Idemlifier		
X Non-Construction	Non-Construction			F-4-D		
5. APPLICANT INFORMAT	<u> </u>			Am. #22		
	STATE OF CAL	FORNIA	Organizational Unit:	7 (11. 17.ZZ		
Legal Name: Address (give city, county, s		W OTHER	Department of Fish and	d Game .		
Dept. of Fish & Game - Fisheries Programs Branch		Name and telephone number of the person to be contacted on matters involving this				
1812 Ninth Stre		ogianis branch				
1	- T		application (give area code):			
Sacramento, CA			Carolyn Murata (916) 445-3559			
6. EMPLOYER IDENTIFIC	94-1697567		7. TYPE OF APPLICANT; (criter appropriate let	<del></del>		
			A. State	H. Independent School Dist.		
B. TYPE OF APPLICATION			8. County	I. State Controlled Instruction		
New	Continuation	Revision	C. Municipal	of Higher Learning		
if Revision, anter appropriat	e letter(s) in box(es):		D. Township	J. Private University		
			E. Interstale	L. Individual		
A. Increase Award	B. Decroase Award	•	F, Intermunicipal	M. Profit Organization		
C. Increase Duration	D. Decrease Duration		G. Special District	N. Other (Specify)		
E. Other (specify):				, , , , , , , , , , , , , , , , , , ,		
	AL DOMESTIC ASSISTANCE	NUMBER:	9. NAME OF FEDERAL AGENCY;			
15-605			U.S. Department of the			
TITLE:	Sport Fish Rest	oration Act	U.S. Fish and Wildlife	Service		
12. / AREAS AFFECTED B	Y PROJECT (sities, counties	; statos, obc.):	11. DESCRIPTIVE TITLE OF APPLICANTS PRO	OJECT:		
			Stream and Lake Improvement			
	Statewide		This Amendment #22 extends the Grant Proposal for an			
			additional five years. Project	•		
13. PROPOSED PROJECT		1	dodnorial live years. Troject	oldierierits altached.		
Slart Date						
07/01/04	06/30/09	a. Applicant b, Project				
15. ESTIMATED FUNDING		3		. 99		
a. Federal	\$9,429,719		SUBJECT TO REVIEW BY STATE EXECUTIVE			
		<b>\</b>	EAPPLICATION/APPLICATION WAS MADE AVAIL			
b, Applicant		1				
o, Applicant		SIAIC	EXECUTIVE ORDER 12372 PROCESS FOR REV	IEVV ON:		
c. Stale	\$3,143,240	B.I.I.	mara 20 200 W			
C State	40, 140,240	Dale!	4.1.000	<b>_</b>		
1 1 1		1	OGRAM IS NOT COVERED BY 6,0, 12372			
d. Local	· .	OF	R PROGRAM HAS NOT BEEN SELECTED BY STA	ATE FOR REVIEW		
e. Othor	, , , , , , , , , , , , , , , , , , , ,	1'	ITION DELINQUENT ON ANY FEDERAL DEBT?	× N-		
f. Program Income		Yes (f	"Yes", attach an explanation	<u>X</u> No		
g, TOTAL	\$12,572,959					
•			PREAPPLICATION ARE TRUE AND CORRECT.			
AUTHORIZED BY THE GO	VERNING BODY OF THE AF	PLICANT AND THE APPLICANT W	ALL COMPLY WITH THE ATTACHED ASSURANC	ES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorize			b. Title:	a Telephona Number		
	Renee Renwick		Deputy Director, Admin.	(916) 653-4633		
d. Signeture of Authorized F	Representedlye,	λ.		c. Date Signed		
l 'Harry	Dred Bord	11. dk.		6130104		
Approved for the Secretary of the Interior						
Labbing and lot (UP Sectatizity)	or the interlet			Date		
Signature						
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APPLICATION FO	<b>D</b> R	_		OMB Approval No. 0348-0043	
FEDERAL ASSIS			2. DATE SUBMITTED	Applicant Identifier	
. TYPE OF SUBMISSION:			June 29, 2004		
Application	Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
Construction	Construction	,			
	<del></del>		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
X Non-Construction	Non-Construction			F-51-R	
5. APPLICANT INFORMATION				Amendment #36	
	STATE OF CALIF	ORNIA	Organizational Unit:	•	
Address (give city, county, str			Department of Fish an	d Game	
	ame - Fisheries Pro	grams Branch	Name and telephone number of the person to be	e contaced on matters involving this	
1812 Ninth Stree			application (give area code):		
Sacramento, CA	95814		Carolyn Murata (9	16) 445-3559	
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN):		7. TYPE OF APPLICANT: (emer appropriate le	etter: A:	
	94-1697567		A. State	H, Independent School Dist	
B. TYPE OF APPLICATION:			8, Caunty	i, State Controlled instruction	
New	X Continuation	Revision	C. Municipal	of Higher Learning	
If Revision, enter appropriate			D. Tawnship	J. Private University	
	A		E_ Interstate	L individual	
A Increase Award	B. Decrease Award	<del></del>	F. Intermunicipal	M. Profit Organization	
C, Increase Duretion	D. Decrease Duration		G. Special District	N. Other (Specify)	
E. Other (specify);			,		
10. CATALOG OF FEDER	L DOMESTIC ASSISTANCE	NUMBER	9. NAME OF FEDERAL AGENCY:		
15-605		•	U.S. Department of th		
TITLE;	Sport Fish Resto	oration Act	U.S. Fish and Wildlife Service		
13, PROPOSED PROJECT		1 .	Grant Proposal. New project	t statements are attached.	
Start Date	Ending Date	14. CONGRESSIONAL DISTRIC	TS OF:		
07/01/03	06/30/08	a. Applicant		b. Project	
15. ESTIMATED FUNDING		3	3	Statewide (99)	
e. Federal	\$23,531,512	16. IS APPLICATIO	N SUBJECT TO REVIEW BY STATE EXECUTIV	E ORDER 12372 PROCESS?	
			REAPPLICATION/APPLICATION WAS MADE AV		
b. Applicant		STATE	EXECUTIVE ORDER 12372 PROCESS FOR R	EVIEW ON:	
			0		
c. Stolo	. \$7,843,837	Date;	AMNE 30, 2004		
		b. NO PF	ROGRAM IS NOT COVERED BY E.O. 12372		
d. Local		c	R PROGRAM HAS NOT BEEN SELECTED BY :	STATE FOR REVIEW	
a, Olh <del>a</del> r		┥	ATION DELINQUENT ON ANY FEDERAL DEBT		
f. Program Income		Yoz`	f Yas", attach an explanation	<u>X</u> No	
g. TOTAL	\$31,375,349				
			UPREAPPLICATION ARE TRUE AND CORREC		
		PPLICANT AND THE APPLICANT	WILL COMPLY WITH THE ATTACHED ASSURA		
a. Typed Name of Authoriz	Representative Renee Renwick		b. Title: Deputy Director, Admin.	c. Telephone Number (916) 653-463	
d. Signature of Authorized	Representation Miles	moh EG	EOVEN	6. Onto Signed / 04	
Approved for the Secretary	of the interior	7 0131	Title:	Date	
1	•	1111	10 2004		
Signature	alm.	JUN	3 0 2004    9	Standard Form 424 (REV 4-88)	
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	•	Authorized for L	ocal Reproduction	Prescribed by OMB Circular A-102	
			ARING HOUSE	Prescribbe by OME Circular A 102	

44				QMB Approval Na. 0346-0043	
PPLICATION FO	OR TANCE		2, DATE SUBMITTED	Applicant Identifier	
EDERAL ASSIS	MINUE	,	June 28, 2004		
TYPE OF SUBMISSION:	Andrew		3. DATE RECEIVED BY STATE	State Application Identifier	
Application .	<u>Pre-application</u>	·			
Construction	Canstruction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal identifier	
· · ·				F-114-D	
X Non-Construction	Non-Construction			Amendment #1	
APPLICANT INFORMATIO	ON CALLE	OBNIA	Organizational Unit;		
	STATE OF CALIF	UKNIA	Department of Fish and	d Game	
ddress (give city, county, ste	ne and zip code):	- Franch	Name and telephone number of the person to be		
Dept. of Fish & C	ame - Fisheries Pro	grams branch	application (give area code):		
1812 Ninth Stree			Garolyn Murata (9	16) 445-3559	
Sacramento, CA			7. TYPE OF APPLICANT: (enter appropriate le		
5. EMPLOYER IDENTIFICA		1	A, State	H. Independent School Dist.	
	94-1697567		B. County	I. State Controlled Instruction	
B. TYPE OF APPLICATION:	777	Revision	C. Municipal	of Higher Learning	
	X Continuation	Revision	D. Township	J. Private University	
If Revision, enter appropriate	letter(s) in box(es):	C	E, Interstate	L. Individual	
	A	<u> </u>	F. Interstate  F. Intermunicipal	M. Profit Organization	
A. Increase Award,	B. Decroase Award		G. Special District	N. Other (Specify)	
C. Increase Duretion	Decrease Duration		6, Special District		
E. Olher (apecify):		NAME OF DESCRIPTION OF THE OWNER OWNER OF THE OWNER O	B. NAME OF FEDERAL AGENCY.		
10. CATALOG OF FEDERA	L DOMESTIC ASSISTANCE	NUMBER:	U.S. Department of th	e Interior	
15-605		neation Act	U.S. Fish and Wildlife		
	Sport Fish Rest		13. DESCRIPTIVE TITLE OF APPLICANT'S P		
12. / AREAS AFFECTED B	Y PROJECT (ckles, countles	, states, etc.):	Fish Hatchery Operation		
	4		This Amendment #1 extends the Grant Proposal for		
	Statewide				
			additional five years. Projec	t statements attached.	
	· ·				
13. PROPOSED PROJECT					
Start Dalo	Ending Date	14. CONGRESSIONAL DISTRIC	TS OF:		
07/01/04	06/30/09	a. Applicant		b. Project	
15. ESTIMATED FUNDING	G:		3	99	
a. Federal	\$11,358,000		N SUBJECT TO REVIEW BY STATE EXECUTIV		
			REAPPLICATION/APPLICATION WAS MADE AV		
b. Applicant		STAT	E EXECUTIVE ORDER 12372 PROCESS FOR R	EVIEW ON:	
			0.110 20 2004		
c, Stale	\$3,786,000	Oate			
			ROGRÁM IS NOT COVERED BY E.O. 12372	·	
d. Local		<	OR PROGRAM HAS NOT BEEN SELECTED BY	STATE FOR REVIEW	
e. Other		17. IS THE APPLIC	CATION DELINQUENT ON ANY FEDERAL DEBT		
1. Program Income		Yas	If "Yes", attach an explanation	X No	
TOTAL	\$15,144,000	7			
40 TO THE DEST OCH	VANOM FORE AND BELIEF	, ALL DATA IN THIS APPLICATIO	INPREAPPLICATION ARE TRUE AND CORRECT	T. THE DOCUMENT HAS BEEN DULY	
AUTHORIZED AV THE C	OVERNING BODY OF THE A	PPLICANT AND THE APPLICANT	WILL COMPLY WITH THE ATTACHED ASSURA	ANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Nemo of Author			b. Title:	c, Telaphone Number	
a. Typed Neillo of Admon	Renee Renwick		Deputy Director, Admin.	(916) 653-4633	
d. Signature of Authorized				e, Date Signed	
u. Signature of Authorizati	- 12 D D	T W E Propa			
	1.1 5.16 5	4-W-5			
Approved for the Secretar	y of the Interior		Titlo;	Dale .	
		And the second s	1		
Signature		0 2004 1 5		Standard Form 424 (REV 4-88)	
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	STATE CLEAR	SING HOUSE			

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Standard Face Sheet

Page 1 of 1

Application for Federal Education Assistance



U.S. Department of Education Form Approved OMB No. 1875-0106

Exp

Education 713313tarre				
Applicant Information	<u> San San San San San San San San San San</u>	Organizational Unit		
Name and Address				
Legal Name: Casa de Amistad		1		
Address: 120 Stevens Avc.				
	· <u>CA</u>	San Diego	92075 - ZIP Code + 4	
Solana Beach	State	County		
City 149974318		6. Novice Applicant Yes		
2. Applicant's D-U-N-S Number 149974310				
0.001/221	Title:	: Mentoring Programs		
3. Applicant's T-I-N 260016331			Federal debt? No	

184B 4. Catalog of Federal Domestic Assistance #

5. Project Director: Marianne Woo . Address: 4604 Torantella Lin

San Diego

City

CA. State 92130 -ZIP Code + 4

Fax #: ()

7.Is the applicant delinquent on any Federal debt? (if "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.)

G Public College or University H Non-Profit College or University

B Local I Non-Profit Organization C Special District J Private, Profit-Making Organization D Indian Tribe

K Other (Specify): E Individual F Independent School District

Tel. #: (858) 509-9192 E-Mail Address: m woo@hotmail.com

# Application Information

9. Type of Submission:

-- Application

Non-Construction

JUN 30 2004 12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 06/28/2004

No (Provide Assurance #, if available):

N/A

13. Descriptive Title of Applicant's Project: Study Companions Expansion Mentoring Program

11. Proposed Project Dates:

REV. 11/12/99

Start Date:	End Date:
07/01/2005	06/30/2008

#### Estimated Funding 390,000 .00 \$ 14a. Federal .00 150,000 \$ b. Applicant .00 \$ c. State .00 0 d. Local .00 \$ e. Other .00 \$ f. Program Income 540,000 .00 g. TOTAL

Authorized Representative Information

- 15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.
- a. Typed Name of Authorized Representative

MARIANNE WOO

b. Title

INTERIM PROGRAM DIRECTOR

c. Tel. #: 858 5099192

d. E-Mail Address: M_WOO@hotmail.com

e. Signature of Authorized Representative